

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000071647

FILED  
Apr 03, 2009  
Secretary of State

**Entity Name:** PALM BEACH LASER EYE INSTITUTE - WELLINGTON, LLC

**Current Principal Place of Business:**

2515 STATE ROAD 7  
SUITE 210  
WELLINGTON, FL 334149334 US

**New Principal Place of Business:**

**Current Mailing Address:**

2332 GALIANO STREET  
2ND FLOOR  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

**FEI Number:** 20-5310689

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HART, BRIAN A  
2333 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LIFESTYLE OF VISION, INC.  
Address: 9 FAIRWAY DRIVE  
City-St-Zip: BOYTON BEACH, FL 33437 US

Title: MGRM ( ) Delete  
Name: JJR INVESTMENTS, LLC  
Address: 2332 GALIANO STREET  
City-St-Zip: CORAL GABLES, FL 33134 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JACQUES LEMACON

MGRM

04/03/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date