## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 07, 2008 8:00 am Secretary of State

ANNUAL REPURI					Secretary or State			
DOCUMENT # L06000074212  1. Entity Name OCALA EYE PROPERTIES - PADDOCK PARK II, LLC					04-07-2008 90	236 033 ***13	8.75	
Principal Place of Business 1500 S.E. MAGNOLIA EXTENSION SUITE 106 OCALA, FL 34471 US		Mailing Address 1500 S.E. MAGNOLIA EXTENSION SUITE 106 OCALA, FL 34471 US				8114 888 11 81873 11884 HUSU 119	5 <b>88</b> 1	
2. Principal Place of Business - No P.O. Box # 3130 SW 32 AVE		3. Mailing Address Same As Principal						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04032008	Chg-LLC	CR2E083 (12/06)		
City & State CXAla FL		City & State		l l	4. FEI Number Applied For NOT APPLICABLE Not Applicable			
Zip 34	474 Country USA	Ziọ	Country	₹5. Certificat	e of Status Desired	S5.00 Add		
	6. Name and Address of Current R	egistered Agent		7. Name an	d Address of New Reg	istered Agent		
MORRIS, MICHAEL				Name				
	MAGNOLIA EXTENSION		Street Address (		(P.O. Box Number is Not Acceptable)			
OCALA, FL 34471								
			City	y FL Zip Code			e	
8. 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. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE Separature, typed or cristed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
	Signature, typed or brinted name of registered agent an	d title it applicable. (NOTE	: Hegistered Ageni signatu	ive tednited when telustating)		DAIE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75						check payable to repartment of Stat	<b>e</b>	
9.	MANAGING MEMBER	S/MANAGERS	10.		ADDITIONS/CH	HANGES		
NAME STREET ADDRESS CITY-ST-ZIP	MGRM OCALA EYE, P.A. 1500 S.E. MAGNOLIA EXTENSIO OCALA, FL 34471	□ Delete N, SUITE 106	NAME STREET ADDRESS CITY-ST-ZIP	3130 5W 3	arge 2nd Ave FL 3447	₩ Change	☐ Addition	
TITLE	OCALA, FL 34471	Delete	TITLE	varia.	1 - 3171	☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my 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.

CITY-ST-ZIP

SIGNATURE: 413 08 352 622-5183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER. MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Proces

CITY-ST-ZIP