


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000006409

1. Entity Name
EYE PHYSICIANS LAND ASSOCIATION, L.L.C.



Principal Place of Business 148 13TH STREET S.W. LARGO, FL 33770	Mailing Address 148 13TH STREET S.W. LARGO, FL 33770
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DO NOT WRITE IN THIS SPACE



02232005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3599639	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**WEINSTOCK, STEPHEN M
148 13TH STREET S.W.
LARGO, FL 33770**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2005**

U00000257237
03/09/05-80047-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEINSTOCK, STEPHEN M 148 13TH STREET S.W. LARGO, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICHARDS, KRISTENE H 148 13TH STREET S.W. LARGO, FL 33770
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:  **3/9/05** **727 584 1394**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #