


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90424 039 \*\*\*\*50.00

<b>DOCUMENT # M00000002706</b>	
1. Entity Name <b>SOPER INTERNATIONAL OPHTHALMICS, LLC</b>	

Principal Place of Business <b>2528 TRAILMATE DRIVE SARASOTA FL 34243</b>	Mailing Address <b>2528 TRAILMATE DRIVE SARASOTA FL 34243</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E083 (10/05)

4. FEI Number <b>84-1566385</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required		
6. Name and Address of Current Registered Agent <b>LAMBRECHT, WILLIAM G 200 SOUTH ORANGE AVE. SARASOTA FL 34236</b>		7. Name and Address of New Registered Agent Name <b>Robert A Smart</b> Street Address (P.O. Box Number is Not Acceptable) <b>2401 Post Road</b> City <b>Sarasota</b> <b>FL</b> Zip Code <b>34231</b>

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 Robert A. Smart **MANAGING MEMBER** **2-9-06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>	
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM SMART, ROBERT 2401 POST ROAD SARASOTA FL 34231</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: Robert A. Smart **MANAGING MEMBER** **2-9-06** **866-526-5812**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #