

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000002706

FILED  
Apr 29, 2008  
Secretary of State

**Entity Name:** SOPER INTERNATIONAL OPHTHALMICS, LLC

**Current Principal Place of Business:**

2528 TRAILMATE DRIVE  
SARASOTA, FL 34243

**New Principal Place of Business:**

2530 TRAILMATE DRIVE  
SARASOTA, FL 34243

**Current Mailing Address:**

2528 TRAILMATE DRIVE  
SARASOTA, FL 34243

**New Mailing Address:**

2530 TRAILMATE DRIVE  
SARASOTA, FL 34243

**FEI Number:** 84-1566385

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMART, ROBERT A  
2401 POST RD  
SARASOTA, FL 34231 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: SMART, ROBERT  
Address: 2401 POST ROAD  
City-St-Zip: SARASOTA, FL 34231

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: VP ( ) Change (X) Addition  
Name: KOLISCH, ELIZABETH B  
Address: 1584 SOUTH CAPE STREET  
City-St-Zip: LAKEWOOD, CO 80232

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:** ELIZABETH B. KOLISCH

VP

04/29/2008

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