

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90025 022 ****50.00

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DOCUMENT # M04000005508 1. Entity Name OCCULOGIX LLC					
Principal Place of Business 2600 SKYMARK DRIVE, UNIT 9, SUITE 201 MISSISSAUGA, ONTARIO, CANADA L4W 5B2, XX L4W			Mailing Address 2600 SKYMARK DRIVE, UNIT 9, SUITE 201 MISSISSAUGA, ONTARIO, CANADA L4W 5B2, XX L4W		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number APPLIED FOR 98-0442385			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 CORPDIRECT AGENTS, INC. 103 NORTH MERIDIAN STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DUMENCU, WILLIAM G 2600 SKYMARK DRIVE, UNIT 9, SUITE 201 MISSISSAUGA, ONT., CANADA,		TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHIEF EXECUTIVE OFFICER ELIAS JAMVAKAS 2600 SKYMARK AVENUE MISSISSAUGA, ON L4W 5B2	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT & COO THOMAS REEVES 2600 SKYMARK AVENUE MISSISSAUGA ON L4W 5B2	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP - CLINICAL AFFAIRS DR. IRVING SIEGEL 2600 SKYMARK AVENUE MISSISSAUGA ON L4W 5B2	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SCIENCE & TECHNOLOGY DAVID ELDRIDGE 2600 SKYMARK AVENUE MISSISSAUGA ON L4W 5B2	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP OPERATIONS JOHN CORNISH 2600 SKYMARK AVENUE MISSISSAUGA ON L4W 5B2	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP - CORPORATE AFFAIRS STEPHEN J. KILMER 2600 SKYMARK AVENUE MISSISSAUGA ON L4W 5B2	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>William Dumencu</u>			APR 25/05 905 602 0887		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		