

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000005508

FILED
Feb 20, 2008
Secretary of State

Entity Name: OCCULOGIX LLC

Current Principal Place of Business:

2600 SKYMARK DRIVE
BUILDING 9, SUITE 201
MISSISSAUGA, ON L4W5B2 CA

New Principal Place of Business:

Current Mailing Address:

2600 SKYMARK DRIVE
BUILDING 9, SUITE 201
MISSISSAUGA, ON L4W5B2 CA

New Mailing Address:

FEI Number: 98-0442385

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 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: MGR () Delete
Name: DUMENCU, WILLIAM G
Address: 2600 SKYMARK DRIVE, BLDG 9, SUITE 201
City-St-Zip: MISSISSAUGA, ON L4W5B2 CA

Title: CEO () Delete
Name: VAMVAKAS, ELIAS
Address: 2600 SKYMARK AVENUE, BLDG 9 SUITE 201
City-St-Zip: MISSISSAUGA, ON L4W5B2 CA

Title: CEOP () Delete
Name: REEVES, THOMAS
Address: 2600 SKYMARK AVENUE, BLDG 9 SUITE 201
City-St-Zip: MISSISSAUGA,, ON L4W5B2 CA

Title: VPIP () Delete
Name: KILMER, STEPHEN J
Address: 2600 SKYMARK AVENUE, BLDG 9 SUITE 201
City-St-Zip: MISSISSAUGA, ON L4W5B2 CA

Title: VS&T () Delete
Name: ELDRIDGE, DAVID
Address: 2600 SKYMARK AVENUE, BLDG 9 SUITE 201
City-St-Zip: MISSISSAUGA, ON L4W5B2 CA

Title: VPO () Delete
Name: CORNISH, JOHN
Address: 2600 SKYMARK AVENUE, BLDG 9 SUITE 201
City-St-Zip: MISSISSAUGA, ON L4W5B2 CA

ADDITIONS/CHANGES:

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

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

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

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: WILLIAM DUMENCU

MGR

02/20/2008

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