

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M94000000176

FILED
Apr 17, 2006
Secretary of State

Entity Name: PREMIER EYE CARE OF FLORIDA, L.L.C., L.C.

Current Principal Place of Business:

120 N. SWINTON AVENUE
DELRAY BEACH, FL 33444

New Principal Place of Business:

4205 WEST ATLANTIC AVENUE
SUITE #401
DELRAY BEACH, FL 33445

Current Mailing Address:

120 N. SWINTON AVENUE
DELRAY BEACH, FL 33444

New Mailing Address:

4205 WEST ATLANTIC AVENUE
SUITE #401
DELRAY BEACH, FL 33445

FEI Number: 65-0540341

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KASTEN-AKER, ANN
1445 NORTHWEST BOCA RATON BOULEVARD
BOCA RATON, FL 33432 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: AKER, ANN KASTEN
Address: 1445 NW BOCA RATON BLVD
City-St-Zip: BOCA RATON, FL 33432

Title: MGR () Delete
Name: AKER, ALAN B.
Address: 1445 NW BOCA RATON BLVD
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM () Delete
Name: TAYLOR-GREGORY, LORNA L
Address: 120 N. SWINTON AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: TAYLOR-GREGORY, LORNA L
Address: 4205 WEST ATLANTIC AVENUE, SUITE #401
City-St-Zip: DELRAY BEACH, FL 33445

I hereby certify that the information supplied with this filing does not qualify for the 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: LORNA TAYLOR GREGORY

MGRM

04/17/2006

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