

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90083 027 *****50.00

DOCUMENT # L01000002125

1. Entity Name
EYES WIDE OPEN, L.L.C.

Principal Place of Business 1121 CRANDON BLVD., TOWER E #1205 KEY BISCAYNE FL 33149 1463 South Miami Ave Suite B Miami - FL - 33130	Mailing Address 1121 CRANDON BLVD., TOWER E #1205 KEY BISCAYNE FL 33149 1205 Mariposa Ave #321 Coral Gables - FL-33146
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2. Principal Place of Business 1463 South Miami Ave Suite B Suite, Apt. #, etc. Miami FL 33130	3. Mailing Address 1205 Mariposa Ave #321 Suite, Apt. #, etc. Coral Gables FL
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City & State	City & State
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Zip 33130	Country USA	Zip 33146	Country USA
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4. FEI Number 65 107 55 36	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**CASABIANCA, MARIA SILVIA
 1121 CRANDON BLVD., TOWER E #1205
 KEY BISCAYNE FL 33149**

7. Name and Address of New Registered Agent
 Name **CASABIANCA, MARIA SILVIA**
 Street Address (P.O. Box Number is Not Acceptable)
1205 Mariposa Ave #321
 City **Coral Gables** FL Zip Code **33146**

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.
 SIGNATURE *Sandra Silva* DATE **Jan 18, 2002**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(f), 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: *Sandra Silva* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

CR2E083 (9/01)