


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90038 014 ****50.00

DOCUMENT # L01000002125

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



Principal Place of Business
3669 POICIANA AVE. AP 4A MIAMI FL 33133

Mailing Address
3669 POICIANA AVE. AP 4A # 321 MIAMI FL 33133

64047887



MOORE CR2E083 (11/03)

2. Principal Place of Business
4050 A 3rd Ave SW

3. Mailing Address
4050 A 3rd Ave SW

Suite, Apt. #, etc.

City & State
NAPLES, FL

City & State
NAPLES, FL

4. FEI Number
65-1075536

Applied For
 Not Applicable

Zip
34119

Country
USA

Zip
34119

Country
USA

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CASABIANCA, MARIA SILVIA
3669 POINCIANA AVE.
AP 4A
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)
4050 A 3rd Ave SW

City **Naples** **FL** Zip Code **34119**

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 *Dasilvea*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASABLANCA, MARIA S 3669 POINCIANA AVE. APT. 4A MIAMI FL 33133 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SILVA, SANDRA 3669 POINCIANA AVE. APT 4A MIAMI FL 33133 <input checked="" 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	MGR CASABIANCA, MARIA S 4050 A 3rd Ave SW NAPLES, FL 34119 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SILVA SANDRA 4050 A 3rd Ave SW NAPLES, FL 34119 <input checked="" 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
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)(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: *Dasilvea*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____