


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000002125**

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



Principal Place of Business      Mailing Address

4050 A 3RD AVE SW      4050 A 3RD AVE SW  
 NAPLES, FL 34119 US      NAPLES, FL 34119 US

**DO NOT WRITE IN THIS SPACE**



03182005 No Chg-LLC      CR2E083 (10/03)

4. FEI Number <b>65-1075536</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CASABIANCA, MARIA SILVIA  
 4050 A 3RD AVE SW  
 NAPLES, FL 34119

**DO NOT WRITE IN THIS SPACE**

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: *Silvia Casabianca* **SILVIA CASABIANCA Mgr.**      April 6/05  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**Filing Fee is \$50.00  
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASABIANCA, MARIA S 4050A 3RD AVE SW NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SILVA, SANDRA 4050A 3RD AVE SW NAPLES, FL 34119
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 04/08/05-80036-002 50.00

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: *Silvia Casabianca* **SILVIA CASABIANCA MGR**      04/06/05      2393480808  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #