

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90040 038 ****50.00

DOCUMENT # L01000002125

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



Principal Place of Business 1463 SOUTH MIAMI AVE SUITE B MIAMI FL 33130	Mailing Address 1205 MARIPOSA AVE # 321 CORAL GABLES FL 33146
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2. Principal Place of Business 3669 Poinciana Ave Ap 4A	3. Mailing Address 3669 Poinciana Ave
Suite, Apt. #, etc. Ap 4A	Suite, Apt. #, etc. Ap 4A
City & State Miami FL	City & State Miami, FL



CHECK HERE IF MAKING CHANGES

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

6. Name and Address of Current Registered Agent CASABIANCA, MARIA SILVIA 1205 MANPOSA AVE # 321 MIAMI FL 33146	7. Name and Address of New Registered Agent Name CASABIANCA MARIA SILVIA Street Address (P.O. Box Number is Not Acceptable) 3669 POINCIANA AVE AP 4A City MIAMI FL Zip Code 33133
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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 *Maria Silvia Casabianca* DATE March 5, 2003

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASABLANCA, MARIA S 1205 MARIPOSA AVE # 321 CORAL GABLES FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASABIANCA, MARIA S 3669 POINCIANA AVE APT 4A MIAMI FL 33133 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SILVA, SANDRA 1205 MARIPOSA AVE # 321 CORAL GABLES FL 33146 <input 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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *Maria Silvia Casabianca* **SIGNATURE REQUIRED** DATE March 5, 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)