

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY SEPTEMBER 8, 2004**

**FILED**  
**Sep 17, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A02000001087</b>	
<b>1. Entity Name</b> THE EYEWEAR PLAN, LTD.	



<b>Principal Place of Business</b> 200 SOUTH BISCAYNE BLVD., SUITE 2500 MIAMI FL 33131	<b>Mailing Address</b> 6700 N.W. BROKEN SOUND PARKWAY, SUITE BOCA RATON FL 33487
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E003 (4/04)

<b>4. FEI Number</b> 33-1017706		<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
SAKALO, JAY M 200 SOUTH BISCAYNE BLVD., SUITE 2500 MIAMI FL 33131		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

<b>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.</b>		<b>11. FILE NOW!!! Due by September 8, 2004!</b> See Block 11 instructions for fee info. If first notice was not received, check box and do not include \$400 late fee. <input checked="" type="checkbox"/>
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
<b>9. Capital Contributions as Shown on record.</b> \$1,000.00	<b>10. Amount of Capital Contributions in FLORIDA to date.</b> 1,000.00	

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
DOCUMENT #	P02000085272	STREET ADDRESS	
NAME	THE EYEWEAR PLAN GP, INC.	CITY-ST-ZIP	
STREET ADDRESS	6700 N.W. BROKEN SOUND PARKWAY, SUITE 202		
CITY-ST-ZIP	BOCA RATON FL 33487		
DOCUMENT #		STREET ADDRESS	UD00000172302
NAME		CITY-ST-ZIP	09/17/04-800002-009 141.25
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

**14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

*M. M. B. B.*

8/30/04

561-893-9200