

# **2005 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A03000001019

**FILED**  
**Mar 24, 2005**  
**Secretary of State**

**Entity Name:** SCRUPLES EYE OPTIQUE, LTD.

**Current Principal Place of Business:**

553 HARBOR COURT  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

553 HARBOR COURT  
DELRAY BEACH, FL 33483

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KAROSAS, RAY K  
533 HARBOR COURT  
DELRAY BEACH, FL 33483 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Capital Contributions as Shown on record:** 900.00

**Amount of Capital Contributions in Florida to date:** 900.00

**GENERAL PARTNER INFORMATION:**

Document #: P03000054801  
Name: SCRUPLES EYE OPTIQUE, INC.  
Address: 533 HARBOR COURT  
City-St-Zip: DELRAY BEACH, FL 33483

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LINDA KAROSAS

PRES

03/24/2005

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date