2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000015338

1. Entity Name
EBX OPTIK, L.C.

Principal Place of Business	Mailing Address
5825 SUNSET DR SUITE 309 SOUTH MIAMI, FL 33143 US	5825 SUNSET DR SUITE 309 SOUTH MIAMI, FL 33143 US

DO NOT WRITE IN THIS SPACE

04132006No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
65-1080749	Not Applicable

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

6. Name and Address of Current Registered Agent

BOLANOS TRUXTON, PA
2121 PONCE DE LEON BLVD., STE. 600
CORAL GABLES, FL 33134

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_____

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, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	BEINER, EDWARD W
STREET ADDRESS	10020 SW 70 AVE
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000534399
05/08/06-20011-008 50.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _/s/_ PRES EDWARD BEINER 4/21/06 305 866-8731

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