


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

<b>DOCUMENT # L01000002125</b>	
1. Entity Name <b>EYES WIDE OPEN, L.L.C.</b>	

Principal Place of Business <b>4050 A 3RD AVE SW NAPLES, FL 34119 US</b>	Mailing Address <b>4050 A 3RD AVE SW NAPLES, FL 34119 US</b>
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**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  <b>CASABIANCA, MARIA SILVIA 4050 A 3RD AVE SW NAPLES, FL 34119</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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: *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	<b>MGR CASABIANCA, MARIA S 4050A 3RD AVE SW NAPLES, FL 34119</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SILVA, SANDRA 4050A 3RD AVE SW NAPLES, FL 34119</b>
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**DO NOT WRITE IN THIS SPACE**

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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)(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: *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 #