

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

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90567 027 \*\*\*\*50.00

0009813

**DOCUMENT # L01000004749**



1. Entity Name  
**OPTICAL SUPPLY L.L.C.**

Principal Place of Business <b>2500 HOLLYWOOD BLVD. STE 207 HOLLYWOOD FL 33020</b>	Mailing Address <b>2500 HOLLYWOOD BLVD. STE 207 HOLLYWOOD FL 33020</b>
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CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1089130**

Applied For  
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FREED, OWEN S  
2200 MUSEUM TOWER  
150 WEST FLAGLER STREET  
MIAMI FL 33130**

Name **MARTIN KALKAS**  
Street Address (P.O. Box Number is Not Acceptable) **245 SE 1st STREET  
SUITE 311**  
City **MIAMI** FL Zip Code **33131**

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]*

**4/30/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 MGRM <b>SOBASAAO, MERY</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>3901 S. OCEAN DR., #10P</b>	
CITY-ST-ZIP <b>HOLLYWOOD FL 33019</b>	
TITLE NAME MGRM <b>PROCHNOW, RICHARD</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>3901 S. OCEAN DR., #10P</b>	
CITY-ST-ZIP <b>HOLLYWOOD FL 33019</b>	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME MGR <b>PROCHNOW, MERY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2500 HOLLYWOOD BLVD STE 207</b>	
CITY-ST-ZIP <b>HOLLYWOOD, FL 33020</b>	
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2500 HOLLYWOOD BLVD STE. 207</b>	
CITY-ST-ZIP <b>HOLLYWOOD, FL 33020</b>	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)