
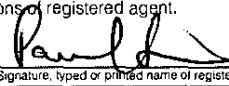



FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90045 020 ****50.00

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

DOCUMENT # L02000010274			
1. Entity Name EYE CANDY, LLC			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 568 9TH ST. SOUTH		3. Mailing Address 568 9TH ST. SOUTH	
Suite, Apt. #, etc. SUITE 276		Suite, Apt. #, etc. SUITE 276	
City & State NAPLES FL		City & State NAPLES FL	
Zip 34102		Country USA	
Zip 34102		Country USA	
4. FEI Number 7-4-304 3553		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name A1A REGISTERED AGENT, INC.			
Street Address (P.O. Box Number is Not Acceptable) 25 S.E. 2ND AVENUE SUITE 1036			
City MIAMI		Zip Code FL 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 		PAUL SMITH, Vice President 04-02-03 DATE	
FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YEAGER, C. CHAD 2036 8TH ST. SOUTH NAPLES FL 34102	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOGET, CELINE S 568 9TH ST. SOUTH, SUITE 276 NAPLES FL 34102	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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		TITLE NAME 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: 		C. CHAD YEAGER, MGRM 3/6/03 Date Daytime Phone #	

CR2E083B (12/02)

ATTACHMENT
30052160
L02000010274



A1A FAX COVERSHEET

DATE: 04-04-03
TO: **DIVISION OF CORPORATIONS**
Uniform Business Report Filings
FROM: A1A CORPORATE SERVICES

PLEASE NOTE THAT ALL THE UNIFORM BUSINESS REPORTS ARE
ENCLOSED **HAVE CHANGED THEIR REGISTERED AGENT NAME AND**
ADDRESS TO THE FOLLOWING:

A1A REGISTERED AGENT INC.
25 S.E. 2ND AVENUE SUITE 1036
MIAMI, FL 33131

IF YOU HAVE ANY QUESTIONS YOU CAN CONTACT US AT 1 877 527 3463.

REGARDS,
A1A CORPORATE SERVICES