


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

03-18-2004 90243 001 *****50.00
03-18-2004 90243 002 *****5.00

DOCUMENT # L02000029765.					
1. Entity Name THE EYE INVESTIGATIONS, L.L.C.					
Principal Place of Business 7446 SOMERSET SHORES COURT ORLANDO FL 32819 <i>6916 Sugarbush Drive</i>			Mailing Address 7446 SOMERSET SHORES COURT ORLANDO FL 32819		
2. Principal Place of Business <i>Orlando FL 32819</i>			3. Mailing Address <i>SAME</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number AP-PLIED FOR	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Annual Fee Required				<input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent VALLARELLA, EDWARD D 7446 SOMERSET SHORES COURT ORLANDO FL 32819			7. Name and Address of New Registered Agent Name <i>Vallarella Edward D</i> Street Address (P.O. Box Number is Not Acceptable) <i>6916 Sugarbush Drive</i> City <i>Orlando</i> FL <i>32819</i>		
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 <i>[Signature]</i> Edward D Vallarella 3/14/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> DATE					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VALLARELLA, EDWARD D 7446 SOMERSET SHORES COURT ORLANDO FL 32819	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MGRM Vallarella Ed D 6916 Sugarbush Drive Orlando FL 32819</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i> Edward D Vallarella 3/14/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> Date Daytime Phone # <i>407-903-1999</i>					