


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000032612**

1. Entity Name  
**EYE BANK, LLC**



Principal Place of Business      Mailing Address

**4442 SEA GRAPE DRIVE  
LAUDERDALE BY THE SEA, FL 33308-4417**      **4442 SEA GRAPE DRIVE  
LAUDERDALE BY THE SEA, FL 33308-4417**

**DO NOT WRITE IN THIS SPACE**



04152006 No Chg-LLC      CRZE083 (11/05)

4. FEI Number <b>41-2070129</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

**SAN MIGUEL, MIGUEL  
4442 SEA GRAPE DRIVE  
LAUDERDALE BY THE SEA, FL 33308-4417**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MGRM SAN MIGUEL, MIGUEL 4442 SEA GRAPE DRIVE LAUDERDALE BY THE SEA, FL 33308</b>
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05/08/06-80005-021 50.00

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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:** *San Miguel*      *mjm*      *4/24/06*

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