

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

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90193 031 ****50.00

DOCUMENT # L02000032612

1. Entity Name

E BANK, LLC

EYE BANK, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4442 SEA GRAPE DR
Suite, Apt. #, etc.

3. Mailing Address

4442 SEA GRAPE DR
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LAUD/ BY THE SEA FL

City & State
LAUD/ BY THE SEA

4. FEI Number
FL

Applied For
 Not Applicable

Zip
33308

Country
BROWARD

Zip
33308

Country
BROWARD

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
MIGUEL SAN MIGUEL

Street Address (P.O.-Box Number is Not Acceptable)
4442 SEA GRAPE DR

City
LAUD/ BY THE SEA FL Zip Code
33308

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

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
MIGUEL SAN MIGUEL
4442 SEA GRAPE DRIVE
LAUD/ BY THE SEA FL 33308

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

Miguel San Miguel

4/26/03

954 772 2324

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

Date

Daytime Phone #

CR2E083B (12/02)