


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000021272 1. Entity Name BULLSEYE, LLC	
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Principal Place of Business 19640 WEST SAINT ANDREWS DRIVE MIAMI, FL 33015	Mailing Address 19640 WEST SAINT ANDREWS DRIVE MIAMI, FL 33015
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02242005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 90-0089872	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent KING, EDWARD 19640 WEST SAINT ANDREWS DRIVE MIAMI, FL 33015
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DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KING, EDWARD 19640 WEST SAINT ANDREWS DRIVE MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADAMS, RICHARD B 19640 WEST SAINT ANDREWS DRIVE MIAMI, FL 33015
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<p>UN00002487;5 3/02/05-90048-001 55.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Edward King** **2/26/2005 (954) 232-3056**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #