


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90036 010 ****50.00

DOCUMENT # L04000038390	
1. Entity Name EYELLUSIONS, LLC	

Principal Place of Business 1969 ALAFAYA TRAIL, #359 ORLANDO, FL 32828-8732	Mailing Address 1969 ALAFAYA TRAIL, #359 ORLANDO, FL 32828-8732
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20050491



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04272005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1151455	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JIMENEZ-DIAZ, P.A. 9753 S. ORANGE BLOSSOM TRAIL, SUITE 101 ORLANDO, FL 32837		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

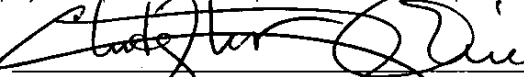
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
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
		MGRM MRI Manufacturing, Inc. 1507 E. 53rd St. #515 Chicago, IL 60645	
		MGRM Christopher Obie 2633 Plumberry Ave. Ocoee, FL 34761	
		MGRM Michael D. Curry 1721 Leland Ave. Evanston, IL 60201	

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 	4/26/05 (407) 694-0470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Christopher Obie	Date Daytime Phone #