


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90042 042 ****50.00

DOCUMENT # L04000048732	
1. Entity Name LASIK VISION CENTERS, LLC	

Principal Place of Business 23404 W. LYONS AVE. #223 NEWHALL, CA 91321	Mailing Address 23404 W. LYONS AVE. #223 NEWHALL, CA 91321
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2. Principal Place of Business 7900 Peters Road Suite, Apt. #, etc. Building G Suite 101 City & State Plantation FL Zip 33324 Country USA	3. Mailing Address 7900 Peters Road Suite, Apt. #, etc. Building G Suite 101 City & State Plantation FL Zip 33324 Country USA
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04282005 Chg-LLC CR2E083 (10/03)

EE Number 33-1095768	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent PRESIDENTIAL SERVICES INCORPORATED 1217 CAPE CORAL PKWY. #300 CAPE CORAL, FL 33904

7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reissuing) 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	MGR WESSELL, KEVIN 23404 W. LYONS AVE. #223 NEWHALL, CA 91321 <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: _____	Date 05/01/05	Daytime Phone #
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