

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000077885

**FILED**  
**Apr 14, 2006**  
**Secretary of State**

**Entity Name:** RAVEN'S EYE PROTECTIVE SERVICES, LLC

**Current Principal Place of Business:**

216 WEST WARREN AVENUE  
LONGWOOD, FL 32750

**New Principal Place of Business:**

1563 GLEN HAVEN CR  
OCOE, FL 34761

**Current Mailing Address:**

PO BOX 521532  
LONGWOOD, FL 32752

**New Mailing Address:**

1563 GLENHAVEN CR.  
OCOE, FL 34761

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARON, EDWIN JAMES  
216 WEST WARREN AVENUE  
LONGWOOD, FL 32750 US

**Name and Address of New Registered Agent:**

BARON, EDWIN JAMES  
500 WEST ROBINSON ST  
ORLANDO, FL 32801 US

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.

SIGNATURE:

04/14/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BARON, EDWIN J  
Address: 216 WEST WARREN AVENUE  
City-St-Zip: LONGWOOD, FL 32750

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BARON, EDWIN J  
Address: 500 WEST ROBINSON ST  
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: EDWIN J. BARON

MGRM

04/14/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date