

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000086526

**FILED**  
**Apr 14, 2005**  
**Secretary of State**

**Entity Name:** EYES OF THE EVERGLADES, LLC

**Current Principal Place of Business:**

P.O. BOX 119  
EVERGLADES CITY, FL 34139

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 119  
EVERGLADES CITY, FL 34139

**New Mailing Address:**

**FEI Number:** 20-2497663

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** ( )

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

LOMBARDO, J. CHRISTOPHER  
3200 TAMiami TRAIL NORTH, STE. 200  
NAPLES, FL 34103 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: HAMILTON, SAMMY JR  
Address: P.O. BOX 119  
City-St-Zip: EVERGLADES CITY, FL 34139

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SAMMY HAMILTON JR

PRES

04/14/2005

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