


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90137 008 ***138.75

DOCUMENT # L04000086526	
1. Entity Name EYES OF THE EVERGLADES, LLC	

Principal Place of Business P.O. BOX 119 EVERGLADES CITY, FL 34139	Mailing Address P.O. BOX 119 EVERGLADES CITY, FL 34139
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DO NOT WRITE IN THIS SPACE



01282008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-2497663	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

HAMILTON JR., SAMMY
 905 CPOELAND AVE. PO BOX 686
 EVERGLADES, FL 34139

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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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HAMILTON, SAMMY JR
STREET ADDRESS	P.O. BOX 119
CITY-ST-ZIP	EVERGLADES CITY, FL 34139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Sammy Hamilton Jr Date: 2-2-08 Daytime Phone #: 239-695-2758

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #