

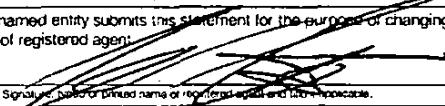
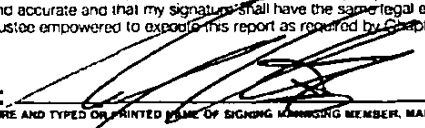
**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Sep 12, 2006 8:00 am
Secretary of State

08-22-2006 90007 018 ****50.00

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DOCUMENT # L05000019775			
1. Entity Name SEVILLE OPTICAL COMPANY, LLC			
Principal Place of Business 6216 CALADIUM RD. DELRAY BEACH FL 33484		Mailing Address 6216 CALADIUM RD. DELRAY BEACH FL 33484	
2. Mailing Address 10569 WALNUT VALLEY DR.		3. Mailing Address 10569 WALNUT VALLEY DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BOYNTON BEACH FLORIDA		City & State BOYNTON BEACH FLORIDA	
Zip 33437		Country U.S.A.	
4. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent RAINES, ALAN L 200 EAST LAS OLAS BLVD., SUITE 1900 FORT LAUDERDALE FL 33301		7. Name and Address of New Registered Agent Name DANIEL J. MARTIN Street Address (P.O. Box Number is Not Acceptable) 10569 WALNUT VALLEY DRIVE City BOYNTON BEACH FL Zip Code 33437	
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  DATE _____ (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 6, 2006			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARTIN, DANIEL J 6216 CALADIUM RD. DELRAY BEACH FL 33484 <i>Moved same name</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DANIEL MARTIN DANIEL J 10569 WALNUT VALLEY DRIVE BOYNTON BEACH FL 33437	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 expedite this report as required by Chapter 608, Florida Statutes. SIGNATURE:  DANIEL MARTIN Date 08-18-06 Daytime Phone # 561 752-4075			