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	Mailing Address
~~6216 CALADIUM RD. DELRAY BEACH FL 33484~~	~~6216 CALADIUM RD. DELRAY BEACH FL 33484~~
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	Zip 33437 Country U.S.A.

2nd MOORE CR2E083 (4/06)

4. FEI Number 65-1245026 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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~~ MOVED SAME NAME	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MARTIN DANIEL J 10569 WALNUT VALLEY DRIVE BOYNTON BEACH FL 33437	☐ 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
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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 execute this report as required by Chapter 608, Florida Statutes.

DANIEL MARTIN

SIGNATURE: ______________________ 08-18-06 561 752-4075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #