2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State
04-06-2006 90298 012 ***150.00

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1. Entity Name
EYE EXPRESSIONS, LLC

Principal Place of Business	Mailing Address
2343 NW 64TH STREET BOCA RATON, FL 33496	2343 NW 64TH STREET BOCA RATON, FL 33496

30005623

01072006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
6271 PGA BLVD		6271 PGA BLVD	
Suite, Apt. #, etc. 202		Suite, Apt. #, etc. 202	
City & State: Palm Beach Gardens		City & State: Palm Beach Gardens	
Zip: 33418	Country: USA	Zip: FL	Country: 33418

4. FEI Number: 20-2588199 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROSENBUSCH, CLIVE
2343 NW 64TH STREET
BOCA RATON, FL 33496

7. Name and Address of New Registered Agent

Name: ROSENBUSCH, CLIVE
Street Address (P.O. Box Number is Not Acceptable): 6271 PGA BLVD, SUITE 202
City: Palm Beach Gardens FL Zip Code: 33418

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] DATE 1/8/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSENBUSCH, CLIVE 2343 NW 64TH STREET BOCA RATON, FL 33496	☐ 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	FINANCE MANAGER SIMON, DAVID 8925 SW 148th St MIAMI, FL 33176	☐ 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 execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 1/8/06 (561) 394-7888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #