


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

01-24-2006 90041 045 \*\*\*\*50.00

<b>EPDVNF0U!\$ L05000078973</b> 2/ Entity Name <b>SUNGLASSES GALORE, LLC</b>			
Principal Place of Business <b>4496 HAMBOPTUES V7</b> <b>1 FSOBEP OFED -QM45718</b>		Mailing Address <b>4496 HAMBOPTUES V7</b> <b>1 FSOBEP OFED -QM45718</b>	
2. Principal Place of Business Suite, Apt. #, etc. <b>Coastal Way Plaza</b> City & State <b>Brooksville FL</b> Zip <b>34613</b> Country <b>USA</b>		3. Mailing Address <b>13185 Cortez Blvd.</b> Suite, Apt. #, etc. City & State Zip Country	
4. EEI Number <b>20.3288518</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>THE MOGAN LAW FIRM</b> <b>20 S. BROAD STREET</b> <b>BROOKSVILLE, FL 34601</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____			
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		Nbl f di f dt qbzbcn up Qpsjeb Ef qbun f oupg Tubf	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCNEAL, SANDI 3385 GULF COAST DRIVE HERNANDO BEACH, FL 34607	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Sandra Y. 47121 Year</i>		Date: <i>Jan. 16, 2006</i>	



ATTACHMENT

30000944

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 30, 2006

SUNGLASSES GALORE, LLC  
3385 GULF COAST DRIVE  
HERNANDO BEACH, FL 34607

Subject: SUNGLASSES GALORE, LLC

Reference Number: L05000078973

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION