

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000091827

**FILED**  
**Jan 05, 2006**  
**Secretary of State**

**Entity Name:** EYECARE CENTERS OF FLORIDA LLC

**Current Principal Place of Business:**

12214 CORTEZ BLVD  
BROOKSVILLE, FL 34613

**New Principal Place of Business:**

**Current Mailing Address:**

12214 CORTEZ BLVD  
BROOKSVILLE, FL 34613

**New Mailing Address:**

**FEI Number:** 16-1731204

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DUTT, SRINI  
12214 CORTEZ BLVD  
BROOKSVILLE, FL 34613 US

**Name and Address of New Registered Agent:**

DUTT, SRIN  
12214 CORTEZ BLVD  
BROOKSVILLE, FL 34613 US

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.

SIGNATURE: SRIN DUTT

01/05/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DUTT, SRINI  
Address: 12214 CORTEZ BLVD  
City-St-Zip: BROOKSVILLE, FL 34613

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DUTT, SRIN  
Address: 12214 CORTEZ BLVD  
City-St-Zip: BROOKSVILLE, FL 34613

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SRIN DUTT

MGRM

01/05/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date