



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90029 050 ****50.00

DOCUMENT # L05000093896 1. Entity Name EYEDEAL TECHNOLOGIES, LLC					
Principal Place of Business 612 NORTH K STREET LAKE WORTH, FL 33460			Mailing Address 612 NORTH K STREET LAKE WORTH, FL 33460		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 03112006 Chg-LLC CR2E083 (11/05) 4. FEI Number 20-3104035 <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
City & State		City & State			
Zip Country		Zip Country			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent CHAVEZ, SERGIO 612 NORTH K STREET LAKE WORTH, FL 33460			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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				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.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM CHAVEZ, SERGIO J 612 NORTH K STREET LAKE WORTH, FL 33460 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM CRAM, DOUGLAS 127 ADELADE CROSSING ASWORTH, GA 30101 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM HALE, STEVE 9651 CHALMA AVENUE BATON ROUGE, LA 70814 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM FUERTES, LUIS R URB. ADOQUINES #60 SAN JOSE SAN JUAN, PR 00926-7389, <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <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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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

13-14-06 (21) 818-1659