

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000070885

Entity Name: LIFETIME EYECARE CENTER, LLC

FILED
Apr 15, 2007
Secretary of State

Current Principal Place of Business:

VILLAGE DRIVE
SUITE 107, THE CENTER AT MURRELL & VIERA
ROCKLEDGE, FL 32955

Current Mailing Address:

661 NIGHTINGALE DRIVE
INDIALANTIC, FL 32903

New Principal Place of Business:

5455 MURRELL RD
SUITE 107
ROCKLEDGE, FL 32955

New Mailing Address:

5455 MURRELL RD
SUITE 107
ROCKLEDGE, FL 32955

FEI Number: 20-5844826

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISHER, MARK R
661 NIGHTINGALE DRIVE
INDIALANTIC, FL, FL 32903 US

Name and Address of New Registered Agent:

FISHER, MARK R
5455 MURRELL RD
SUITE 107
ROCKLEDGE, FL, FL 32955 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: MARK R FISHER

04/15/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FISHER, MARK R
Address: 661 NIGHTINGALE DRIVE
City-St-Zip: INDIALANTIC, FL 32903

ADDITIONS/CHANGES:

Title: DR (X) Change () Addition
Name: FISHER, MARK R
Address: 5455 MURRELL RD SUITE 107
City-St-Zip: ROCKLEDGE, FL 32955

I hereby certify that the information supplied with this filing does not qualify 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: MARK R FISHER

DR

04/15/2007

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