

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000105706

1. Entity Name  
BEHIND THE EYE, LLC



FILED

07 NOV -6 PM 12:13

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
1329 HANDY AVE  
ORLANDO, FL 32803

Mailing Address  
1329 HANDY AVE  
ORLANDO, FL 32803



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03212007 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-5853470

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EISENBEIS, TARA  
1329 HANDY AVE  
ORLANDO, FL 32803

Name

Street Address (P.O. Box Number is Not Acceptable)

1329 Hardy Ave.

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
EISENBEIS, TARA  
1329 HANDY AVE  
ORLANDO, FL 32803 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
1329 Hardy Ave. ☒ 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  
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STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

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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 assignee of the company and that I am authorized to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

10/30/07 407.222.8038