


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> 98 APR 17 PM 3:00 SECRETARY OF STATE TALLAHASSEE FLORIDA <i>4/20</i>	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L94000000660</b>  <b>EXPERT VISION EXPRESS L.C.</b> <b>5230 COCONUT CREEK PKWY</b> <b>MARGATE FL 33063</b>		1a. Principal Place of Business Address  <b>5230 COCONUT CREEK PKWY</b> <b>MARGATE FL 33063</b>			
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country		2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country		3. Date Organized or Qualified <b>12/02/1994</b> 3a. State of Formation <b>FL</b> 4. FEI Number <b>65-0550930</b> 5. Date of Last Report <b>04/21/1997</b> 6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent  <b>SCHROEDER, MICHAEL A</b> <b>2255 GLADES RD</b> <b>SUITE 319-A</b> <b>BOCA RATON FL 33431</b>		8. Name and Address of New Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable) <b>500002496975-- 5</b> Suite, Apt. #, etc. <b>-04/22/98 --01092--019</b> <b>****188.75 ****188.75</b> City <b>FL</b> Zip Code			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOT: Registered Agent signature required when reinstating)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	PETTINATO, ROBERT	5220 COCONUT CREEK PKWY		MARGATE FL	
MGRM	PETTINATO, GIANNI	5220 COCONUT CREEK PKWY		MARGATE FL	
MGRM	MUSA, KELLI	10770 MAPLE CHASE DR		BOCA RATON FL	

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Roberto Pettinato*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER  
**ROBERTO PETTINATO**

Date

Daytime Phone #