


FILE NOW: Fee after May 1, will be \$588.75



LIMITED LIABILITY COMPANY ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

97 APR -7 AM 9: 39

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company	DOCUMENT # L96000000160
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**EYESITE OF AMERICA, L.C.
2100 ESTERO BLVD
FORT MYERS FL 33931**

1a. Principal Place of Business Address


**2100 ESTERO BLVD
FORT MYERS FL 33931**

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business 2100 Estero Blvd	2a. Mailing Address 33-B BARKLEY CIR.	3. Date Organized or Qualified 02/06/1996	3a. State of Formation FL
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 65-0644816	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State Fort Myers Beach FL	City & State Fort Myers FL	5. Date of Last Report N/A	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>
Zip 33931	Country USA	Zip 33907	Country USA



7. Name and Address of Current Registered Agent MURSINSKI, KEVIN F 2222 SECOND STREET FORT MYERS FL 33901	8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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 _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	JAIN, VIKAS	C/O 2100 ESTERO BLVD.	FORT MYERS FL
MEM	JAIN, ANAMIKA	C/O 2100 ESTERO BLVD.	FORT MYERS FL

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****203.75 ****203.75

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:  2/3/97 941-418-1023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #