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
Sándra B. Mortham
Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS



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FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee												
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE								1 Hz 3/10				
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L9600000160												
								1a. Principal Place of Business Address				
EYESITE OF AMERICA, L.C. 33-B BARKLEY CIRCLE								0100 808880 8111				
FT. MYERS FL 33907								2100 ESTERO BLVD				
ET. MIEUO EU 33301								FORT MYERS FL 33931				
									,			
2. Principal Place of Business 2a. Mailing Address							3 Date	o Organiza	d or Original	2a State	of Formation	
E. Pallopai Face of Doctions				anig Addition			0. 540	3. Date Organized or Qualified			out otato or connection	
Suite, Apt. #, etc. Suite,			Suite, Ap	Apt. #, etc.				02/06/1996			FL	
			'	,			4. FEI	4. FEI Number			Applied For	
City & State City			City & St	State			<b>⊢</b>	1 65 0644046			Not Applicable	
								65-0644816 5. Date of Last Report		- Carridia	Not Applicable	
Zip		Country	Zip		Coun	try	\$. Dan	o oi Lasi n	өрон		ate of Status Desired	
							04	/07/1	997	SB 75 Addi	tional Fee Bequired	
7. Name and Address of Current Reg			Registered	Agent			8. Name and Address of New Registered			tered Agen	t/Office	
					Name							
JURSINSKI, KEVIN F					N			P.O. Box Number is Not Acceptable)				
2222 SECOND STREET						Street Address (P.O. Box N			iver la not Acceptable)			
FORT MYERS FL 33901				Sulte, Apt. #, etc.			etc					
					Suite, Pape. #1 Gio.							
					City					Zip Code		
						'			FL	_,		
9. Pursue	ant to the provis	lons of Sections 608.416 a	nd 608.508	, Florida S	tatutes, the a	bove-named lir	nited liability co	ompany su	bmits this state	ment for the	purpose of changing	
		istered agent, or both, in the accept the obligations.	State of Flo	rlda. Such	change was	authorized by af	firmative vote o	of a majority	of the members	s. I hereby a	ccept the appointment	
ac registo	too agoin, and	accept the obligations.										
SIGNATURE								0	ATE		<del></del>	
10. Title Managing Members/Managers				Business Street Address				City, State and Zip Coo			Zin Code	
	THE			Dustrious Street Matrices				<del></del>	Oity,	Otate and 2	zip Code	
MEM	JAIN,	VIKAS		C/0	2100	ESTERO	BLVD.		FORT M	IYERS	FL	
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MEM	JAIN,	ANAMIKA		C/0	2100	ESTERO	BLVD.		FORT M	IYERS	FL	
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11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther 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:

TIMOTHU R Cook

2/28/58 941.418-102