


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  99 MAY -3 AM 11:32	
<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 # L96000000646</b>  <b>EXPERT VISION EXPRESS NO. 2, L.C.</b> <b>5230 COCONUT CREEK PARKWAY</b> <b>MARGATE FL 33063</b>  <i>99-AR</i>		1a. Principal Place of Business Address  <b>2698 N UNIVERSITY DR</b> <b>SUNRISE FL 33322</b>			
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip		2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip		3. Date Organized or Qualified <b>06/12/1996</b>  4. FEI Number <b>65-0672715</b>  5. Date of Last Report <b>04/17/1998</b>	
				3a. State of Formation <b>FL</b>  <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent  <b>PETTINATO, ROBERTO</b> <b>5230 COCONUT CREEK PARKWAY</b> <b>MARGATE FL 33063</b>		8. Name and Address of New Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  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, the FEI Registered Agent's full name and address)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	PETTINANTO, ROBERTO	20529 CAROUSEL CIRCLE WEST		BOCA RATON FL	
MGRM	PETTINANTO, GIANNI	20529 CAROUSEL CIRCLE WEST		BOCA RATON FL	
MGRM	MUSA, KELLI	10770 MAPLE CHASE DRIVE		BOCA RATON FL	
9900002871939-2 -05/12/99--01006--004 ****188.75 ****188.75					

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: *Roberto Pettinato*

SECRETARY OF STATE, DIVISION OF CORPORATIONS, 1111 GULF BLVD., SUITE 1000, MIAMI, FL 33131

*04/26/99* *984-996*