2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # L97000001011

1. Entity Name
COLORED CONTACTS LC.

Principal Place of Business	Mailing Address
4350 W. WATERS AVE., #101 TAMPA, FL 33614	4350 W. WATERS AVE., #101 TAMPA, FL 33614

DO NOT WRITE IN THIS SPACE

03252005 No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3468037
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HUNTER, WILLIAM A
4350 W. WATERS AVE., #101
TAMPA, FL 33614

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

U00000337078
04/27/05-80154-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HUNTER, WILLIAM A
STREET ADDRESS	2506 ROCKY POINT DRIVE, #253
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	MGRM
NAME	HUNTER, VALERIE L
STREET ADDRESS	P.O. BOX 257 N/A
CITY-ST-ZIP	UNIONVILLE, PA 19375
TITLE	MGRM
NAME	HUNTER, CYNTHIA (FEY)
STREET ADDRESS	3536 E. LOUISE LANE
CITY-ST-ZIP	HERNANDO, FL 34442
TITLE	MGRM
NAME	HUNTER, DIANE L
STREET ADDRESS	P.O. BOX 35 N/A
CITY-ST-ZIP	POINT PLEASANT, PA 18950
TITLE	MGRM
NAME	HOSEY, SHARON L
STREET ADDRESS	5123 CHATSWORTH AVENUE
CITY-ST-ZIP	TAMPA, FL 33625
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I 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 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.

SIGNATURE: William A. Hunter, manager 4-25-05 (813) 886-7266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #