


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		 Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company Sight and Sun Eyeworks, LLC 207 Gulf Breeze Parkway Gulf Breeze, Florida		DOCUMENT # L98000002147	
2. Principal Place of Business 207 Gulf Breeze Parkway Suite, Apt. #, etc. City & State Gulf Breeze, FL 32561 Zip 32561 Country USA		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Organized or Qualified 10-7-98		3a. State of Formation Florida	
4. FEI Number 59-3565446		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired <input type="checkbox"/> <input type="checkbox"/>	
7. Name and Address of Current Registered Agent David T. Casey, MD — MGRM		8. Name and Address of New Registered Agent/Office Name David T. Casey, M. D. Street Address (P.O. Box Number is Not Acceptable) 207 Gulf Breeze Parkway Suite, Apt. #, etc. City Gulf Breeze, FL Zip Code 32561	
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 <u>David T. Casey</u> DATE <u>7/31/98</u> (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	John Crittenden, M. D. — MGRM	207 Gulf Breeze	Gulf Breeze, FL 32561
MGRM	Carl H. Spear, O. D. — MGRM.	207 Gulf Breeze	Gulf Breeze, FL 32561
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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: <u>David T. Casey</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date <u>7/31/99</u> Daytime Phone # <u>850 4444711</u>			