

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000007161

FILED
Jan 12, 2006
Secretary of State

Entity Name: P-EYE, L.L.C.

Current Principal Place of Business:

7050 TAFT STREET
HOLLYWOOD, FL 33024

New Principal Place of Business:

15751 SHERIDAN STREET #147
FT LAUDERDALE, FL 33331

Current Mailing Address:

7050 TAFT STREET
HOLLYWOOD, FL 33024

New Mailing Address:

15751 SHERIDAN STREET #147
FT LAUDERDALE, FL 33331

FEI Number: 65-0967357

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDWICH, LEE S
7050 TAFT STREET
HOLLYWOOD, FL 33024 US

Name and Address of New Registered Agent:

GOLDWICH, LEE S
15751 SHERIDAN STREET #147
FT LAUDERDALE, FL 33331 US

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.

SIGNATURE:

01/12/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GOLDWICH, LEE S
Address: 7050 TAFT STREET
City-St-Zip: HOLLYWOOD, FL 33024

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GOLDWICH, LEE S
Address: 15751 SHERIDAN STREET #147
City-St-Zip: FT LAUDERDALE, FL 33331

Title: MGR () Change (X) Addition
Name: REY, JUAN C
Address: 15751 SHERIDAN STRET #147
City-St-Zip: FT LAUDERDALE, FL 33331

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LEE S. GOLDWICH

MGR

01/12/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date