2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001774

City-St-Zip:

MASON, OH 45040

Entity Name: EYEMED VISION CARE LLC

FILED Apr 26, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4000 LUXOTTICA PLACE MASON, OH 45040 **Current Mailing Address: New Mailing Address:** P.O. BOX 8509 MASON, OH 450407114 FEI Number: 31-1656473 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: COO Title: () Change () Addition () Delete BRADLEY, KERRY Name: Name: Address: 4000 LUXOTTICA PLACE Address: City-St-Zip: MASON, OH 45040 City-St-Zip: Title: () Delete Title: () Change () Addition Name: BOXER, MICHAEL Name: Address: 44 HARBOR PARK DRIVE Address: City-St-Zip: PORT WASHINGTON, NY 11050 City-St-Zip: Title: VP/T () Delete Title: () Change () Addition GIANNOLA, VITO Name: Name: 44 HARBOR PARK DRIVE Address: Address: City-St-Zip: PORT WASHINGTON, NY 11050 City-St-Zip: () Delete Title: CFO Title: () Change () Addition Name: DENNIS, JACK Name: 4000 LUXOTTICA PLACE Address: Address:

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: JACK DENNIS CFO 04/26/2007