


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # M03000003416 1. Entity Name THE EYE GALLERY DC, LLC	
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Principal Place of Business 4143 LEGENDARY DR DESTIN, FL 32541	Mailing Address 4143 LEGENDARY DR. DESTIN, FL 32541
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DO NOT WRITE IN THIS SPACE

01192007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0233397	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SAMUELS, IVAN
4143 LEGENDARY DRIVE STE. F120
DESTIN, FL 32541

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

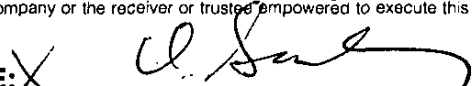
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAMUELS, IVAN 5975 ROSWELL ROAD STE. 107 ATLANTA, GA 30328
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04/03/07-80007-012 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **3/8/07** **850-650-4370**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #