		May 1, 1999 or 00.00 LATE FEE		Liability	Com	pany will be	•	E. (1	rn.	
_	TY COMPANY REPORT	LORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State			SECRETARY OF STATE DIVISION OF COMPONATIONS					
1999 DIVISION OF CORPORATIONS							99	9 FEB 25	AK 10:	25
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE							]			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M9800000342							]			
FUTURE EYES/YOUR PRACTICE, LLC 131 PEMBROKE DRIVE PALM BEACH GARDENS FL 33418							1a. Principal Place of Business Address  131 PEMBROKE DRIVE PALM BEACH GARDENS FL 33418			
2 Principal Place of Business 2a.			2a. Mail	Mailing Address			3. Date Organize	ed or Qualified	3a. State	of Formation
			Suite An	Suite, Apt. #, etc.			04/08/1998 DE			
Suite, Apt. #, etc. Suite,			Suite, At	э, арт. я, етс.			4. FEI Number Applied For			
City & State			City & St	City & State			NOT APPLICABLE Not Applicable			
Zip	Country		Zip	p Countr		ry	5. Date of Last Report		6. Certificate of Status Desired  88.75 Additional Fee Required	
	7. Name	and Address of Curren	Name and Address	s of New Regis	tered Agen	/Office				
1525 SOUTH ANDREWS AVENUE, SUI FORT LAUDERDALE FL 33316					Suite, Apt. #, etc.  City Zip Code					
its register	ed office or reg	sions of Sections 608.416 pistered agent, or both, in the accept the obligations.								
SIGNATU	•						ſ	DATE		}
(Registered Agent Accepting Appointment) (h			Off-Registered Agent signalure required when to existing  Business Street Address			City, State and Zip Code				
10, 1106	managing members/managers Bu					33 Street radies	···			
MBR	MARCUS, STEVEN			131 PEMBROKE DRIVE			E	PALM BEACH GARDENS F		
MBR	SEIDERMAN, ARTHUR			131 PEMBROKE DRIVE			E	PALM BEACH GARDENS F		
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							2t	00000000000000000000000000000000000000	7,95 75/99- 188.75	01014-010 01014-010 01014-010 01014-010
11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther 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.										