


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L0Q000003900**  
 1. Entity Name  
 VISION ENTERPRISES, L.L.C.



Principal Place of Business 1319 LAKE DRIVE CASSELBERRY, FL 32707	Mailing Address 1319 LAKE DRIVE CASSELBERRY, FL 32707
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**DO NOT WRITE IN THIS SPACE**



01112005No Chg-LLC CR2E083 (10/03)

4. FEI Number 56-2289660	Applied For Not Applicable
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5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 FELICES, STEVEN R  
 1319 LAKE DRIVE  
 CASSELBERRY, FL 32707

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rechartering)

**Filing Fee is \$50.00 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FELICES, STEVEN R 1319 LAKE DRIVE CASSELBERRY, FL 32707
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Steven R. Felices* STEVEN R. FELICES /1/14/05 467-267-9311  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #