


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000012679		
1. Entity Name HOME VISION MANAGEMENT LLC		

Principal Place of Business 11737 N.W. 5TH STREET PLANTATION, FL 33325	Mailing Address 2665 SOUTH BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

2004 MAY -6 P 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04282004 Chg-LLC CR2E083 (10/03)

4. FEI Number 01-0708953	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WORLD CORPORATE SERVICES, INC. 2665 SOUTH BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133		Name <u>Mitchell S. Polansky, Esq.</u> Street Address (P.O. Box Number is Not Acceptable) <u>2665 S. Bayshore Drive, Suite 703</u> City <u>Miami</u> FL Zip Code <u>33133</u>	

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 <u>Mitchell S. Polansky</u>	DATE <u>4/28/04</u>
<small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State \$50.00
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAMBRECHTS, CHRISTINE 2665 SOUTH BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000036522600 05/17/04--01074--006 **1717.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Mitchell S. Polansky</u>	DATE <u>4/28/04</u> (305) 858-9900
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	
<small>Date Daytime Phone #</small>	