


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000088284**

1. Entity Name  
VISIONS MARKETING NETWORK, LLC



Principal Place of Business      Mailing Address

600 SANDTREE DRIVE      600 SANDTREE DRIVE  
SUITE 209      SUITE 209  
PALM BEACH GARDENS, FL 33403 US      PALM BEACH GARDENS, FL 33403 US

**DO NOT WRITE IN THIS SPACE**



03092006No Chg-LLC      CR2E083 (11/05)

4. FEI Number      Applied For  
20-1974568      (Not Applicable)

5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DEMARIA, LISA  
600 SANDTREE DRIVE  
SUITE 209  
PALM BEACH GARDENS, FL 33403

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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 (file if applicable) (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2006**

8. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM INSITE ADVANCE MARKETING, INC. 600 SANDTREE DRIVE, SUITE 209 PALM BEACH GARDENS, FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ECLECTICAL REALTY GROUP OF FLORIDA INC. 800 SANDTREE DRIVE, SUITE 209 PALM BEACH GARDENS, FL 33403
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1100001478392  
04/09/06-90004-002 50.00

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: Lisa Demaria      Date: 3/10/06      Daytime Phone #: 561 691-1552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE