


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000088284	
1. Entity Name VISIONS MARKETING NETWORK, LLC	

Principal Place of Business 600 SANDTREE DRIVE SUITE 209 PALM BEACH GARDENS, FL 33403 US	Mailing Address 600 SANDTREE DRIVE SUITE 209 PALM BEACH GARDENS, FL 33403 US
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DO NOT WRITE IN THIS SPACE



04032008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-1974568	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

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

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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 the signed agent and date of signature) (NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000908307
 05/06/08-80024-006 138.75

9. 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. 600 SANDTREE DRIVE, SUITE 209 PALM BEACH GARDENS, FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Wick & Ma 4/3/08 561-691-1552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Signature Print #