

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088284

FILED  
Mar 26, 2009  
Secretary of State

Entity Name: VISIONS MARKETING NETWORK, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 20-1974568      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: INSITE ADVANCE MARKETING, INC.  
Address: 600 SANDTREE DRIVE, SUITE 209  
City-St-Zip: PALM BEACH GARDENS, FL 33403 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: ECLECTICAL REALTY GROUP OF FLORIDA INC.  
Address: 600 SANDTREE DRIVE, SUITE 209  
City-St-Zip: PALM BEACH GARDENS, FL 33403

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: INSITE ADVANCE MARKETING, INC.      MGRM      03/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date