

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000011629
1. Entity Name
PREMIER VISIONS OF OVIEDO, L.L.C.



Principal Place of Business 13816 CELIDA AVE. HUDSON, FL 34667	Mailing Address 13816 CELIDA AVE. HUDSON, FL 34667
--	--

DO NOT WRITE IN THIS SPACE



03082004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3680177	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

**PALMA, ANTHONY W
390 NORTH ORANGE AVE., STE 1100
ORLANDO, FL 32801-1640**

**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 reinstating)

**Filing Fee is \$50.00
Due by May 1, 2004**

U00000144657
04/30/04-80141-004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAUMGARDNER, JOHN F 13816 CELIDA AVE. HUDSON, FL 346671574
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAUMGARDNER, PATRICIA G 13816 CELIDA AVE. HUDSON, FL 346671574
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Patricia Baumgardner, mgr. PATRICIA BAUMGARDNER, 4/27/04, 727-868-0139*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #