


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

<b>DOCUMENT # L00000011629</b> 1. Entity Name <b>PREMIER VISIONS OF OVIEDO, L.L.C.</b>	
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Principal Place of Business  
**13816 CELIDA AVE.  
HUDSON, FL 34667**

Mailing Address  
**13816 CELIDA AVE.  
HUDSON, FL 34667**



03082004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3680177**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

U000000144657  
04/30/04-80141-004 50.00

**9. MANAGING MEMBERS/MANAGERS**

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