2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State
04-20-2006 90022 030 ****50.00

DOCUMENT # L00000015255

1. Entity Name
ENVISION THEATER AND HOME AUTOMATION, LC

Principal Place of Business	Mailing Address
1174 S. US ONE, SUITE E VERO BEACH, FL 32962	2057 US ONE VERO BEACH, FL 32960

03212006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
865 - 16th PLACE		865 - 16th PLACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: VERO BEACH FL		City & State: VERO BEACH FL	
Zip: 32960	Country: USA	Zip: 32960	Country: USA

4. FEI Number 65-1064125 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DILUCENTE, WAYNE
455 38TH COURT
VERO BEACH, FL 32968

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	☐ Delete
NAME	DILUCENTE, WAYNE L	
STREET ADDRESS	455 38TH COURT	
CITY-ST-ZIP	VERO BEACH, FL 32962	
TITLE	MGRM	☐ Delete
NAME	DILUCENTE, SALLY	
STREET ADDRESS	455 38TH CT	
CITY-ST-ZIP	VERO BEACH, FL 32968	
TITLE		☐ Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

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: WAYNE DILUCENTE, MGRM 4/13/06 772-778-7944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #