

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 1174 S. US ONE, SUITE E VERO BEACH, FL 32962	Mailing Address 2057 US ONE VERO BEACH, FL 32960
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2. Principal Place of Business 865 - 16 th PLACE	3. Mailing Address 865 - 16 th 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



03212006 Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1064125	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent DILUCENTE, WAYNE 455 38TH COURT VERO BEACH, FL 32968	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

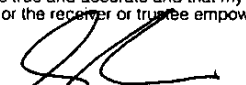
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DILUCENTE, WAYNE L 455 38TH COURT VERO BEACH, FL 32962 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DILUCENTE, SALLY 455 38TH CT VERO BEACH, FL 32968 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 #