


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90073 030 ****50.00

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DOCUMENT # L01000002729					
1. Entity Name ENVISIONS LLC					
Principal Place of Business 16320 SW 89TH PL MIAMI, FL 33157			Mailing Address 1111 BRICKELL AVE. 11TH FLOOR MIAMI, FL 33131		
2. Principal Place of Business		3. Mailing Address 16320 S.W. 89TH PLACE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State MIAMI, FLORIDA		4. FEI Number 65-1079580 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
33157	USA	33157	USA		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
AGUIAR, O. ARTURO 16320 SW 89TH AVE MIAMI, FL 33157			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, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AGUIAR, O. ARTURO		NAME		
STREET ADDRESS	16320 SW 89 PLACE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33167		CITY - ST - ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OREYZI, BABAK		NAME		
STREET ADDRESS	125 EDGEWATER DR		STREET ADDRESS		
CITY - ST - ZIP	CORAL GABLES, FL 33133		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <i>[Signature]</i> O. ARTURO AGUIAR			Date 4-26-2004 Daytime Phone # 305-790-7223		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					