

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000009788

Entity Name: VISIONS, LLC

FILED  
Feb 24, 2004  
Secretary of State

**Current Principal Place of Business:**

1252 WELLINGTON TERR  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

1252 WELLINGTON TERR  
MAITLAND, FL 32751

**New Mailing Address:**

FEI Number: 59-3728848

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KOLTUN, JEFFREY M  
557 N WYMORE RD  
SUITE 100  
MAITLAND, FL 32751

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: LONDON, LOREN  
Address: 1252 WELLINGTON TERRACE  
City-St-Zip: MAITLAND, FL 32751

Title: MGR ( ) Delete  
Name: OSTEEN, MICHELLE  
Address: 1900 WINGFIELD DRIVE  
City-St-Zip: LONGWOOD, FL 32779

Title: MGR ( ) Delete  
Name: TURNER, PHYLLIS  
Address: 670 MANDERLEY RUN  
City-St-Zip: LAKE MARY, FL 32746

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MICHELLE OSTEEN

MGR

02/24/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date