

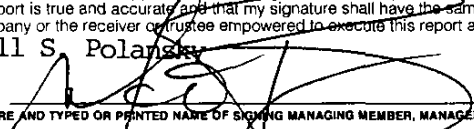


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L02000012679</b> 1. Entity Name <b>HOME VISION MANAGEMENT LLC</b>						<b>FILED</b> <b>05 MAY -2 PM 3:59</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business <b>11737 N.W. 5TH STREET PLANTATION, FL 33325</b>				Mailing Address <b>2665 SOUTH BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>01-0708953</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>POLANSKY, MITCHELL S ESQ 2665 SOUTH BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>							
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>				<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAMBRECHTS, CHRISTINE 2665 SOUTH BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.							
<b>Mitchell S. Polansky</b> <b>SIGNATURE:</b> 							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date <b>4-22-05</b> (305) 858-9910			