


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000022422</b>		
1. Entity Name GLOBAL VISION ASSOCIATES, LLC		
Principal Place of Business 1295 N.W. 14TH STREET, SUITE C MIAMI, FL 33125	Mailing Address 1295 N.W. 14TH STREET, SUITE C MIAMI, FL 33125	
<b>DO NOT WRITE IN THIS SPACE</b>		



02112004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
13-4209709

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent  KTG&S REGISTERED AGENTS CORPORATION 100 S.E. 2ND STREET, SUITE 2800 MIAMI, FL 33131-1714
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**DO NOT WRITE  
IN THIS SPACE**

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

*Emily Kyrstin*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*2/27/04*  
DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SEGALL, MORRIS F 1295 N.W. 14TH STREET, SUITE C MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT KEILSON, LOUIS 1295 N.W. 14TH STREET, SUITE C MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000149725  
05/03/04-80198-010 50.00

**DO NOT WRITE  
IN THIS SPACE**

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: X

*Morris Segall*

*Morris Segall*

*4/27/04*

*(305) 545-0800*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #