2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Mar 18, 2003 8:00 am Secretary of State

DOCUMENT # LO200030063 1. Entity Name ENVISION DENNIS ROMANO LLC					02-27-2003 90004 007 ****50.00				
Principal Place of Business 4083 TRENTON AVE. COOPER CITY FL 33026 2. Principal Place of Business Suite, Apt. #, etc.		Mailing Address 942 WOODHOLLOW LANE RIDGEWOOD NJ 07450 3. Mailing Address Sulte, Apt. #, etc.							
					CHECK HERE IF MAKING CHANGES				
Country	Zip	Country		5. Certificate of Status Desired 55.			.00 Additional		
and Address of Curre	nt Registered Agent			7. Name a	nd Address of New Re				\dashv
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1840 SW 22ND ST. 4TH FLOOR		· 	Street Address	Address (P.O. Box Number is Not Acceptable)					
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r submits this statement ered agent.	for the purpose of changing I	ts register	ed office or register	red agent, or b	oth, in the State of Flori	ida. l am familia	ar with	, and accept	7
or printed name of registered age	nt and title if applicable. INC	TE: Renistere	d Agant signature required	(when reinstelling)					}
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	Country and Address of Curre RERA, P.A. ST. 5 y submits this statement ered agent. or printed name of registered age MANAGING MEME DENNIS J NTON AVE. CITY FL 33026	RIDGEWOOD NJ 07450 RIDGEWOOD NJ 07450 3. Mailing Address Sulte, Apt. #, etc. City & State Country Zip and Address of Current Registered Agent RERA, P.A. ST. 5 y submits this statement for the purpose of changing level agent. or printed name of registered agent and title if applicable INC FILE N Make Check Payal Delete Delete Delete Delete Delete	RIDGEWOOD NJ 07450 RIDGEWOOD NJ 07450 3. Mailing Address Sulte, Apr. #, etc. City & State Country Zip Country Zip Country Zip Country RERA, P.A. ST. ST. ST. Make Check Payable to Fit Due By Mit Make Check Payable to Fit Due By Mit MANAGING MEMBERS/MANAGERS Delete ITTLE NOW!!! MANAGING MEMBERS/MANAGERS 10. Delete TITLE NAME STREE CITY Delete TITLE NAME STREE CITY DELETE TITLE NAME STREE CITY DELETE TITLE NAME STREE CITY DELETE TITLE NAME STREE CITY DELETE TITLE TITL	RIDGEWOOD NJ 07450 Suite, Apt. #, etc.	RIDGEWOOD NJ 07450 3. Mailing Address Sulto, Apt. #, etc. City & State Country Zip Country Zip Country S. Certification Name Name Name Name Name Name ST. Strest Address (P.O. Box Num ST. Strest Address (P.O. Box Num Normal Name ST. Strest Address (P.O. Box Num ST. Strest Address (P.O. Box Num Name To present agent. ST. Strest Address (P.O. Box Num ST. Strest Address (P.O. Box Num Strest Address (P.O. Box Num ST. Strest Address (P.O. Box Num ST. Strest Address (P.O. Box Num INTERNATION STREST ADDRESS (CITY-ST-2P Delete TITLE NAME STREST ADDRESS CITY-ST-2P Delete TITLE NAME S	ANDIEFROOD N. 07450 Suite, Apt. #, etc. CHECK HERE City & State Country Zip Country S. Certificate of Status Desired	A. FEI Number City & State Country Zip Country Zip Country Zip Country S. Certificate of Status Desired For Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City y submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar or semilar days and address of New Registered Agent FILE NOW!!! FEE IS \$5.0.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS Desire Desire TILE NAME SIRET ADDRESS CITY FL 33026 Desire TILE NAME SIRET ADDRESS CITY ST-2P Desire CITY ST-2P Desire TILE NAME SIRET ADDRESS CITY ST-2P Desire TILE NAME SIRET ADDRESS CITY ST-2P Desire CITY ST-2P Desire TILE NAME SIRET ADDRESS CITY ST-2P Desire CITY ST-2P Desire CITY ST-2P Desire TILE NAME SIRET ADDRESS CITY ST-2P Desire CITY ST-2P Desire SIRET ADDRESS CITY ST-2P Desire CITY ST-2P CITY ST-	RDGEWOOD NJ 07450 Suito, Apt. #, etc.	RIDGEWOOD N. 07450 3. Mailing Address Sutio, Apt. #, etc. CHECK HERE IF MAKING CHANGES Cry & State Cry & State Cry & State Country Country End Address of Current Registered Agent 7. Name and Address of New Registered Agent RERA, P.A. Street Address (P.O. Box Number is Nix Acceptable) 5. Certificate of Status Desired St. City FL Zip Code Verticate of Status Desired RERA, P.A. Street Address (P.O. Box Number is Nix Acceptable) 5. City FL Zip Code Verticate of Status Desired Agent 7. Name and Address of New Registered Agent RERA, P.A. Street Address (P.O. Box Number is Nix Acceptable) 5. City FL Zip Code Verticate of Status Desired Name Name Name Name Name Name Street Address (P.O. Box Number is Nix Acceptable) 7. Name and Address of New Registered Agent Address of Ponda. I am familiar with, and accept or or egistered agent, or both, in the State of Fionda. I am familiar with, and accept or or egistered agent, or both, in the State of Fionda. I am familiar with, and accept or or egistered agent, or both, in the State of Fionda. I am familiar with, and accept or or egistered agent, or both, in the State of Fionda. I am familiar with, and accept or or egistered agent, or both, in the State of Fionda. I am familiar with, and accept or or egistered agent, or both, in the State of Fionda. I am familiar with, and accept or or egistered agent, or both, in the State of Fionda. I am familiar with, and accept or egistered agent, or both, in the State of Fionda. I am familiar with, and accept or egistered agent, or both, in the State of Fionda. I am familiar with, and accept or egistered agent. I am familiar with, and accept or egistered agent. I am familiar with, and accept or egistered agent. I am familiar with, and accept or egistered agent. I am familiar with, and accept or egistered agent. I am familiar with, and accept or egistered agent. I am familiar with, and accept or egistered agent. I am familiar with, and accept or egistered agent. I am familiar with, and accept or egistered

receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING MANAGE