

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000006043

FILED
Jan 14, 2004
Secretary of State

Entity Name: VISOPLA, LLC

Current Principal Place of Business:

6497 APALACHEE PARKWAY
TALLAHASSEE, FL 32311

New Principal Place of Business:

1603 W. TENNESSEE STREET
TALLAHASSEE, FL 32304

Current Mailing Address:

6497 APALACHEE PARKWAY
TALLAHASSEE, FL 32311

New Mailing Address:

3565 CHATELAINE DRIVE
TALLAHASSEE, FL 32308

FEI Number: 65-1173969

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VIOLANTE, NINO
6497 APALACHEE PARKWAY
TALLAHASSEE, FL 32311 US

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: MGRM () Delete
Name: VIOLANTE, NINO
Address: 6497 APALACHEE PARKWAY
City-St-Zip: TALLAHASSEE, FL 32311

Title: MGRM () Delete
Name: SOMMER, GEORGE S
Address: 3565 CHATELAINE DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM () Delete
Name: PLA, CARLOS
Address: 402 EAST TENNESSEE STREET
City-St-Zip: TALLAHASSEE, FL 32301

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: GEORGE S. SOMMER

MGRM

01/14/2004

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