

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000054029

Entity Name: CUVA VISIONS, LLC

FILED
Apr 22, 2005
Secretary of State

Current Principal Place of Business:

11639 FOX CREEK DR
TAMPA, FL 33635

New Principal Place of Business:

Current Mailing Address:

11639 FOX CREEK DR
TAMPA, FL 33635

New Mailing Address:

FEI Number: 20-0493975

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNSFORD, TINA ESQ
C/O AKERMAN SENTERFITT-WACHOVIA CENTER
100 SOUTH ASHLEY DR, STE 1500
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

CUVA, ANTHONY ESQ
C/O AKERMAN SENTERFITT
100 SOUTH ASHLEY DR, SUITE 1500
TAMPA, FL 33602 US

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: ANTHONY CUVA, ESQ.

04/22/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: P () Delete
Name: CUVA, DR. PHIL P.A.
Address: 11639 FOX CREEK DR
City-St-Zip: TAMPA, FL 33635

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CUVA, DR. PHIL P.A.
Address: 11639 FOX CREEK DR
City-St-Zip: TAMPA, FL 33635

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: DR. PHIL CUVA

MGMR

04/22/2005

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