

# **2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L04000005912

**FILED**  
**Jul 05, 2006**  
**Secretary of State**

**Entity Name:** DLR VISION ENTERPRISES, LLC

**Current Principal Place of Business:**

610 NE 12 AVE  
605  
HALLANDALE, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

610 NE 12 AVE  
605  
HALLANDALE, FL 33009

**New Mailing Address:**

**FEI Number:** 20-0662418

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MACKELBURG, WALTER  
610 NE 12 AVE  
605  
HALLANDALE, FL 33009 US

**Name and Address of New Registered Agent:**

DE LA ROSA, CLAUDIA  
610 NE 12 AVE  
605  
HALLANDALE, FL 33009 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:** CLAUDIA DE LA ROSA

07/05/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** MACKELBURG, WALTER  
**Address:** 610 NE 12 AVE #605  
**City-St-Zip:** HALLANDALE, FL 33009

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** DE LA ROSA, CLAUDIA  
**Address:** 610 NE 12 AVE #605  
**City-St-Zip:** HALLANDALE, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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:** CLAUDIA DE LA ROSA

MGR

07/05/2006

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