


2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90034 020 \*\*\*\*50.00

**DOCUMENT # L04000016543**

1. Entity Name  
**LOFTYVISION, LLC**



Principal Place of Business      Mailing Address  
**1400 VILLAGE SQUARE BLVD #3-339**      **1400 VILLAGE SQUARE BLVD #3-339**  
**TALLAHASSEE, FL 32312**      **TALLAHASSEE, FL 32312**

**20042704**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



**6. Name and Address of Current Registered Agent**

**HARRIS, FRED**  
**101 EAST COLLEGE AVENUE**  
**TALLAHASSEE, FL 32301**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00  
Due by May 1, 2006

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR	<input type="checkbox"/> Delete
NAME	KEARNEY, RICHARD S	
STREET ADDRESS	1700 SUMMIT LAKE DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32317	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEARNEY, RICHARD S	
STREET ADDRESS	1400 VILLAGE SQUARE BLVD #3-339	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Richard S. Kearney*      **4/28/06**      **850 219 5221**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

**RICHARD S. KEARNEY**

Thomas Howell  
Ferguson P.A.

ATTACHMENT  
20042384

Certified Public Accountants  
2120 Killarney Way (32309-3402)  
P. O. Drawer 14569  
Tallahassee, FL 32317-4569

Phone: (850) 668-8100  
Fax: (850) 668-8199  
email: thf@thf-cpa.com

May 1, 2006

Florida Department of State  
Division of Corporations  
P.O. Box 6478  
Tallahassee, Florida 32314

Dear Sir or Madam:

Enclosed please find the following Florida Annual Reports:

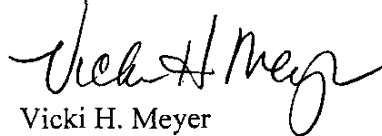
Limited Liability Companies

Bluegreen Interests, L.L.C. #L04000043279

LoftyVision, L.L.C. #L04000016543

Mainline Management Services, L.L.C. #L05000065567

Sincerely,



Vicki H. Meyer

Enclosures

**CERTIFIED MAIL RECEIPT #7004 2890 0000 8154 0840**