


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90026 024 ****50.00

DOCUMENT # L04000020979 1. Entity Name VISION TITLE OF LAKE LAND, LLC.	
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Principal Place of Business 668 N. ORLANDO AVENUE, #1007 MAITLAND, FL 32751	Mailing Address 668 N. ORLANDO AVENUE, #1007 MAITLAND, FL 32751
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60035177



04252006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0709685	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BARTLE, DOUGLAS W 668 N. ORLANDO AVENUE, #1007 MAITLAND, FL 32751
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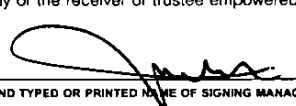
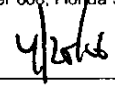
DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOWARD, SHARON A 668 N. ORLANDO AVENUE, #1007 MAITLAND, FL 32751
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  CPA  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date _____	Daytime Phone # _____
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