

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000029790

FILED
Apr 07, 2005
Secretary of State

Entity Name: PREVISION DEVELOPMENTS, LLC

Current Principal Place of Business:

100 E. LINTON BLVD., LINTON TOWERS, #104B
DELRAY BEACH, FL 33483

New Principal Place of Business:

622 SE 4TH AVE
DELRAY BEACH, FL 33483

Current Mailing Address:

100 E. LINTON BLVD., LINTON TOWERS, #104B
DELRAY BEACH, FL 33483

New Mailing Address:

622 SE 4TH AVE
DELRAY BEACH, FL 33483

FEI Number: 20-1016872

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GEDDES, HENRY
100 E. LINTON BLVD
LINTON TOWERS, SUITE 104B
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

GEDDES, HENRY
622 SE 4TH AVE
DELRAY BEACH, FL 33483 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:

04/07/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: GEDDES, ANNE R
Address: 622 SE 4TH AVE
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: MGRM () Change (X) Addition
Name: GEDDES, HENRY OWNER
Address: 622 SE 4TH AVE
City-St-Zip: DELRAY BEACH, FL 33483 US

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: HENRY GEDDES

MGR

04/07/2005

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