

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000041160

Entity Name: SRB VISIONS L.L.C.

FILED  
Jul 10, 2007  
Secretary of State

**Current Principal Place of Business:**

P O BOX 2124  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

804 CHURCHILL BAYOU RD  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

P O BOX 2124  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

FEI Number: 20-1195970      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

FARRISH, AUDREY  
804 CHURCHILL BAYOU RD  
SANTA ROSA BEACH, FL 32459      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: FARRISH, AUDREY  
Address: 804 CHURCHILL BAYOU RD  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGR      ( ) Delete  
Name: INFINGER, ROBERT  
Address: 475 SHORE DR  
City-St-Zip: DESTIN, FL 32550

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: AUDREY FARRISH

MGR

07/10/2007

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