



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Mar 24, 2005 8:00 am
Secretary of State

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| DOCUMENT # L04000058725 1. Entity Name VISION RESOURCES, L.L.C. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 4786 DEVONWOOD COURT LAKE LAND, FL 33801 | | | Mailing Address 4786 DEVONWOOD COURT LAKE LAND, FL 33801 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business 4786 DEVONWOOD CT. Suite, Apt. #, etc. | | 3. Mailing Address 4786 DEVONWOOD CT. Suite, Apt. #, etc. | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State LAKE LAND, FL | | City & State LAKE LAND, FL | | 03162005 Chg-LLC CR2E083 (10/03) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip 33801 | | Country USA | | 4. FEI Number <input checked="" type="checkbox"/> 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 LOCK, GEORGE 4786 DEVONWOOD COURT LAKE LAND, FL 33801 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Name and Address of New Registered Agent Name JUDITH D. LOCK Street Address (P.O. Box Number is Not Acceptable) 4786 DEVONWOOD CT City LAKE LAND FL Zip Code 33801 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating). DATE _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:55%;">MGR</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LOCK, GEORGE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4786 DEVONWOOD COURT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKE LAND, FL 33801</td> <td></td> </tr> </table> | | | TITLE | MGR | <input type="checkbox"/> Delete | NAME | LOCK, GEORGE | | STREET ADDRESS | 4786 DEVONWOOD COURT | | CITY-ST-ZIP | LAKE LAND, FL 33801 | | 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:55%;"></td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 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 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 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: George A. Lock 03-21-05 863 669-0735
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #