

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064938

**FILED**  
**Apr 30, 2005**  
**Secretary of State**

**Entity Name:** DIVINE VISIONS XTRADINAIRE L.L.C.

**Current Principal Place of Business:**

5262 POLAN LANE  
JACKSONVILLE, FL 32209

**New Principal Place of Business:**

5262 POLAN LANE  
JACKSONVILLE, FL 32209 US

**Current Mailing Address:**

5262 POLAN LANE  
JACKSONVILLE, FL 32209

**New Mailing Address:**

5262 POLAN LANE  
JACKSONVILLE, FL 32209 US

FEI Number: 20-1515176

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROBINSON, DEBORAH A  
6252 POLAN LANE  
JACKSONVILLE, FL 32209 US

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

ROBINSON, DEBORAH A  
5262 POLAN LANE  
JACKSONVILLE, FL 32209 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:

04/30/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: ROBINSON, DEBORAH A  
Address: 5262 POLAN LANE  
City-St-Zip: JACKSONVILLE, FL 32209

Title: MGRM ( ) Delete  
Name: DAVIES, AZZIE L  
Address: 3264 ST AUGUSTINE ROAD  
City-St-Zip: JACKSONVILLE, FL 32207

**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 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: DEBORAH A. ROBINSON

MGR

04/30/2005

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