

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072662

FILED
Mar 26, 2008
Secretary of State

Entity Name: RESIDENTIAL VISIONS, LLC

Current Principal Place of Business:

2291 FALLEN TREE DRIVE EAST
JACKSONVILLE, FL 32246 US

New Principal Place of Business:

Current Mailing Address:

2291 FALLEN TREE DRIVE EAST
JACKSONVILLE, FL 32246 US

New Mailing Address:

FEI Number: 20-1836022

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAULERSON, ROBERT K
2291 FALLEN TREE DRIVE EAST
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

RAULERSON, ROBERT K MGRM
2291 FALLEN TREE DRIVE EAST
JACKSONVILLE, FL 32246 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: ROBERT K. RAULERSON

03/26/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RAULERSON, ROBERT K
Address: 2291 FALLEN TREE DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32246 US

ADDITIONS/CHANGES:

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: ROBERT K. RAULERSON

MGRM

03/26/2008

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