


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90427 040 ****50.00

| | |
|--------------------------------------|---|
| DOCUMENT # L04000094355 |  |
| 1. Entity Name VISIONS LLC | |

| | |
|--|--|
| Principal Place of Business 1200 BENNETT ROAD FT. PIERCE, FL 34947 | Mailing Address 1200 BENNETT ROAD FT. PIERCE, FL 34947 |
|--|--|

20026501



| | |
|--|--|
| 2. Principal Place of Business 1200 Bennett Rd | 3. Mailing Address 1200 Bennett Rd |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

02222005 Chg-LLC CR2E083 (10/03)

| | |
|--|--|
| City & State Fort Pierce, FL | City & State Fort Pierce, FL |
| Zip 34947 | Country USA |
| Zip 34947 | Country USA |

| | |
|------------------------------------|--|
| 4. FEI Number 20-2106445 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

| | |
|---|--|
| 6. Name and Address of Current Registered Agent VANDEVERE, LUCILLE 1200 BENNETT ROAD FT. PIERCE, FL 34947 | |
|---|--|

| | |
|--|--------------------------|
| 7. Name and Address of New Registered Agent | |
| Name Lucille Vandevere | |
| Street Address (P.O. Box Number is Not Acceptable) 1200 Bennett Rd | |
| City Fort Pierce, FL | Zip Code 34947 |

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 *Lucille Vandevere* (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 | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR VANDEVERE, LUCILLE 1200 BENNETT ROAD FT. PIERCE, FL 34947 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR Raul Edward Montejó 1301 N. Lawnwood Circle Fort Pierce, FL 34950 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Lucille Vandevere* **Lucille Vandevere** 3/17/05 (772) 465-7481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #