FILED
May 23, 2006 8:00 am
Secretary of State
05-23-2006 90053 019 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000024011

1. Entity Name
VISION MECHANICAL SERVICES, LLC

Principal Place of Business	Mailing Address
2209 COLLIER PARKWAY UNIT 116 LAND'O'LAKES, FL 34639 US	2209 COLLIER PARKWAY UNIT 116 LAND'O'LAKES, FL 34639 US

05182006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
	Po Box 339
Suite, Apt. #, etc.	Suite, Apt. #, etc. c/o Michael Schwager
City & State	City & State Land O'Lakes, FL
Zip / Country	Zip 34639 Country US

4. FEI Number 20-2478940 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHWAGER, MICHAEL C
2311 MADACA LANE
UNIT 111
LAND'O'LAKES, FL 34639

7. Name and Address of New Registered Agent

Name Michael C Schwager
Street Address (P.O. Box Number is Not Acceptable) 2209 Collier Parkway
116
City Land O Lakes FL Zip Code 34639

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 Michael Schwager Michael Schwager 5/18/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHWAGER, MICHAEL C ~~2311 MADACA LANE UNIT 111~~ LAND'O'LAKES, FL 34639	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Po Box 339	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHWAGER, TRACY L ~~2311 MACADA LANE UNIT 111~~ LAND'O'LAKES, FL 34639	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Po Box 339	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Michael Schwager May 18, 2006 813-323-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #