2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L05000049894

1. Entity Name
VISION TITLE OF WINTER HAVEN, LLC



FILED May 03, 2006 8:00 am Secretary of State 05-03-2006 90029 050 ****50.00

L									
Principal Place of Business Mailing Address						r o	0.050	n 1	
C/O 668 N. ORLANDO AVENUE #1007 MAITLAND, FL 32751		C/O 668 N. ORLANDO AVENUE #1007 MAITLAND, FL 32751		60035301					
* 5::15	ton of Division	I a Madana Andrea							
2. Principal Place of Business		3. Mailing Address				1896 1 4 1814 984 1		LAIDI YAKIN YOKK DIX	1461 UN 1541
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04252006	Chg-LLC	CR2E	083 (11/05)	
City & State		City & State			4. FEI Numt 20-2	759225			oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificati	e of Status Desired		\$5.00 Add	
	6. Name and Address of Current F	Registered Agent			7. Name an	d Address of New	Registered	Agent	
			Nam	e					
BARTLE, DOUGLAS W II 668 N. ORLANDO AVENUE #1007 MAITLAND, FL 32751			Stree	Street Address (P.O. Box Number is Not Acceptable)					
			City				Fl	Zip Cod	e
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered offic	e or registe	ared agent, or b	oth, in the State of F	Florida, I am	familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent s	ignature require	ed when reinstating)		DATE		
Fi D:	ling Fee is \$50.00 ue by May 1, 2006					Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS 10.			10.			ADDITIONS	S/CHANGE	S	
TITLE	P HOWARD, SHARON	☐ Delete	TITLE		•			Change	☐ Addition
STREET ADDRESS .	C/O 668 N. ORLANDO AVENUE #1007 STRI MAITLAND, FL 32751 CITY			ss					
TITLE		☐ Delete	TITLE		•		•	☐ Change	■ Addition
NAME STREET ADDRESS			NAME STREET ADDRE	ss					
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE NAME		☐ Defete	TITLE NAME					☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRE	ss					
CITY+ST-ZIP			CITY-ST-ZIP					☐ Change	☐ Addition
TITLE NAME		Delete	TITLE NAME						☐ ¥00III0II
STREET ADDRESS			STREET ADORE	ss					
CITY+ST-ZIP		☐ Delete	CITY-ST-ZIP				•	☐ Change	☐ Addition
NAME		LI Delete	NAME						
STREET ADDRESS		•	STREET ADOR	ess					
CtTY-\$T-ZiP			CITY-ST-ZIP					[7] Channe	☐ 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-\$1-ZIP

SIGNATURE:
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #