

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

|                                                                |                                                                                   |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # L05000055999<br>1. Entity Name<br>VISIONS SOUTH LLC |  |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                         |                                                             |
|-------------------------------------------------------------------------|-------------------------------------------------------------|
| Principal Place of Business<br>10965 S.W. 136 STREET<br>MIAMI, FL 33176 | Mailing Address<br>10965 S.W. 136 STREET<br>MIAMI, FL 33176 |
|-------------------------------------------------------------------------|-------------------------------------------------------------|



03132007 No Chg-LLC CR2E083 (11/05)

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|                             |                               |
|-----------------------------|-------------------------------|
| 4. FCI Number<br>20-2971829 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

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

|                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>GASSET, GLORIA M<br>10965 S.W. 136 STREET<br>MIAMI, FL 33176 |
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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 \_\_\_\_\_ DATE \_\_\_\_\_

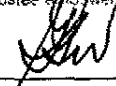
**Filing Fee is \$50.00  
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                           |
|------------------------------------------------|-------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | MGR<br>GLORIA GASSET REVOCABLE TRUST 12/29/99<br>10965 S.W. 136 STREET<br>MIAMI, FL 33176 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |                                                                                           |

U00000670056  
03/27/07-80096-020 50.00

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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 included 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 assigned to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  **3/12/07 305-254-5655**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE