

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000060778

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: VISIONS LAND GROUP, LLC

**Current Principal Place of Business:**

5412 STRICKLAND AVE.  
LAKELAND, FL 338124264 US

**New Principal Place of Business:**

**Current Mailing Address:**

5412 STRICKLAND AVE.  
LAKELAND, FL 338124264 US

**New Mailing Address:**

FEI Number: 20-3157472

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LASMAN, JEFFREY M ESQ.  
C/O LASMAN LAW FIRM, P.A.  
6152 DELANCEY STATION STREET, SUITE 205  
RIVERVIEW, FL 33509 US

**Name and Address of New Registered Agent:**

HICKMAN, MICHAEL W  
7375 MILLBROOK OAKS DR.  
LAKELAND, FL 33813 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: MICHAEL W. HICKMAN

04/14/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HICKMAN, MICHAEL W  
Address: 7375 MILLBROOK OAK DRIVE  
City-St-Zip: LAKELAND, FL 33813

Title: MGRM ( ) Delete  
Name: LYNCH, TAMMY M  
Address: 7375 MILLBROOK OAK DRIVE  
City-St-Zip: LAKELAND, FL 33813

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MICHAEL W. HICKMAN

MGRM

04/14/2009

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