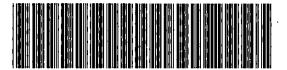
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SECRETARY OF STATE

OFFICE OF

TRINKLE, REDMAN, SWANSON, COTON, DAVIS & SMITH, P.A.

ATTORNEYS AT LAW 121 NORTH COLLINS STREET P.O. BOX TT PLANT CITY, FLORIDA 33564-9040

JOHN R. TRINKLE (1901-1969) JAMES L. REDMAN (1932-2006) TELEPHONE (813) 752-6133 TELECOPIER (813) 754-8957 TITLE FAX (813) 719-2240

DANIEL M. COTON JAMES C. DAVIS, II KEITH C. SMITH CONRAD SWANSON ROBERT S. TRINKLE

Writer's e-mail: tfurth@trinkle-law.com

Of Counsel: RUSSELL K. PEAVYHOUSE

August 22, 2006

SECRETANTO FOR TOWN STATE

Registration Section
Division of Corporation
Post Office Box 6327
Tallahassee, Florida 32314

RE: Visions Golf, LLC

To Whom It May Concern:

Enclosed, please find the Cover Letter and Statement of Change of Registered Agent and/or Registered Office for Alien Business Organization, which we request that you please file. Also enclosed, please find our firm's check number 55131 in the amount of \$35.00 representing the filing fee for the aforementioned documents

Thank you for your assistance in this matter.

Very truly yours,

Theresa Pappas-Furth,

Legal Assistant to Daniel M. Coton, Esq.

:tpf

Enclosure

cc:

Client



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 30, 2006

DANIEL M. COTON, ESQ. TRINKLE, REDMAN, SWANSON, COTON, ET AL PO DRAWER TT PLANT CITY, FL 33564-9040

SUBJECT: VISIONS GOLF, LLC Ref. Number: L06000048064

We have received your document for VISIONS GOLF, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Document Specialist

Letter Number: 406A00053110

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Visions Golf, LLC (Name of	Limited Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered (Office Change and fee(s) are submitted for filing.	•	
Please return all correspondence concerning	g this matter to the following:		
Daniel M. Coton, Esq.		2006	DIVIS
(Name of Person)		2006 OCT -2	103F 103F 100F
Trinkle, Redman, Swanson, et al		-2 PH	SECRETARY OF STATE
(Firm/Company)			STA STA
PO Drawer TT		կ։ 36	1808. F
(Address)	· · · · · · · · · · · · · · · · · · ·		
Plant City, FL 33564			
(City/State and Zip Code)			
For further information concerning this mat	ter, please call:		
Daniel M. Coton, Esq.	at (813) 752-6133		
(Name of Person)	(Area Code & Daytime Telephone	Nun	nber)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following	ng amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limite	ed liability comp	any is: Visions Golf, I	LC		
2. The mailing address o	f the limited liab	ility company is : 20	001 Clubhouse Drive, Pl	ant City, FL 3	3566
05/10/06			L06000048064		<u> </u>
3. Date of filing/registrat	ion in Florida		4. Document number		
5. The name of the register Florida Department of		e registered office a	ddress as shown on the	e records of	the
•	Corporation S	Service Company			
		Name			
	1201 Hays Str				
		Address		2	3 9
	Tallahassee, F	L 32301 City, State and Zip		2006 OCT	SIA 3S
		• • • • • • • • • • • • • • • • • • • •		001	ᅙᇎ
6. The name and address	of the new regist	tered agent and/or of	ffice:	-2	97.7
	Daniel M. Coto	on, Esq. of Trinkle,	Redman, et al		
		Name		PH	OF STATE OF STATE
	121 N. Collins Street			4: 36	
	Florida street	address (P.O. Box N	OT acceptable)	36	SNG T
	Plant City,	FL 33563	3-3311		•
		City, State and Zip			
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lir or the operating agreement (Signature of a member grauthor)	hange or change. The registered as reby confirmed in the limited limited. The first confirmed in the limited limited.	s are made, the Flori gent will be identica that the change(s) w mpany or as otherwi liability company.	ida street address of the l. Or, in the case of a l as/were authorized by	e registered o Florida limito an affirmativ	office ed ve vote
Stephen Mercer, Managir	ng Member				
(Printed or typed name of signee)				
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm (Signature of Registered Agent)	intment as regist is of all statutes ad accept the obli this do cument is that the limited	tered agent and agre relative to the prope igations of my positi being filed to merel liability company hi	ee to act in this capacit or and complete perfori ion as registered agent y reflect a change in th as been notified in writ	ty. I further imance of my as provided ie registered ting of this ci	agree to duties, for in office hänge.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00