

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000066478

Entity Name: INVISION WORKS, LLC

FILED
Mar 16, 2007
Secretary of State

Current Principal Place of Business:

3195 CITRUS TOWER BLVD.
CLERMONT, FL 34711 US

New Principal Place of Business:

Current Mailing Address:

3195 CITRUS TOWER BLVD.
CLERMONT, FL 34711 US

New Mailing Address:

FEI Number: 20-5243757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SNEDDON, JOCK M M.D.
7751 KINGSPONTE PARKWAY SUITE 114
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

FLUD, JACQUELINE K D.O.
3195 CITRUS TOWER BLVD
CLERMONT, FL 34711 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: JACQUELINE FLUD

03/16/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FLUD, JACQUELINE K
Address: 7751 KINGSPONTE PARKWAY SUITE 114
City-St-Zip: ORLANDO, FL 32819 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FLUD, JACQUELINE K
Address: 3195 CITRUS TOWER BLVD
City-St-Zip: CLERMONT, FL 34711 US

Title: MGRM () Change (X) Addition
Name: FLUD, JOSEPH A
Address: 3195 CITRUS TOWER BLVD
City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information supplied with this filing does not qualify for the 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: JACQUELINE K FLUD

MMMS

03/16/2007

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