2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000073962

1. Entity Name VISIONS TEN, LLC



FILED Apr 14, 2008 08:00 Al Secretary of State

Principal Place of Business

190 S SYKES CREEK PARKWAY STE 4 MERRITT ISLAND, FL 32952

Mailing Address

190 S SYKES CREEK PARKWAY STE 4 MERRITT ISLAND, FL 32952



DO NOT WRITE IN THIS SPACE

01142008 No Chg-LLC CR2E083 (12/07)

| 4. FEI Number | | Applied For |
|----------------------------------|--|-------------------|
| 20-5520020 | | Not Applicable |
| 5. Certificate of Status Desired | | \$5.00 Additional |

6. Name and Address of Current Registered Agent

GAICH, MICHAEL G 190 S SYKES CREEK PARKWAY STE 4 MERRITT ISLAND, FL. 32952

DO NOT WRITE IN THIS SPACE

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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_ | | OTE: Registered Agent signature required when reinstating) | DATE | |
| FILE After Ma ₃ | NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75 | | - | |
| 9. | MANAGING MEMBERS/MANAGERS | | 140 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GAICH, MICHAEL 190 S. SYKES CREEK PKWY STE 4 MERRITT ISLAND, FL 32952 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 0000008 04/25/08-8 | was was a same of the contract | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DO NOT W | RITE | |
| TITLE (NAME STREET ADDRESS CITY-ST-ZIP | | IN THIS SP | ACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| TITLE NAME STREET ADDRESS | | | | |

11. I nereby 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.

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