

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000097340

**FILED**  
**Apr 30, 2008**  
**Secretary of State**

**Entity Name:** INVISION DEVELOPERS, LLC

**Current Principal Place of Business:**

2679 BAUM ROAD  
TALLAHASSEE, FL 32317 US

**New Principal Place of Business:**

**Current Mailing Address:**

2679 BAUM ROAD  
TALLAHASSEE, FL 32317 US

**New Mailing Address:**

**FEI Number:** 20-5658366      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CAMP, SHERRILL  
2679 BAUM RD  
TALLAHASSEE, FL 32317 US

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

CAMP, SHERRILL  
54 SHARRONWOOD DR  
CRAWFORDVILLE, FL 32327 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: WILLIAM R MILLER

04/30/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CAMP, SHERILL  
Address: 2679 BAUM RD  
City-St-Zip: TALLAHASSEE, FL 32317 US

Title: MGRM ( ) Delete  
Name: MILLER, WILLIAM  
Address: 2679 BAUM RD  
City-St-Zip: TALLAHASSEE, FL 32317 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CAMP, SHERILL  
Address: 54 SARRONWOOD DR  
City-St-Zip: CRAWFORDVILLE, FL 32327 US

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: WILLIAM R MILLER

MGRM

04/30/2008

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