

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000101553

FILED  
Aug 27, 2009  
Secretary of State

**Entity Name:** VISION REALTY & INVESTMENTS L.L.C.

**Current Principal Place of Business:**

114 SW 8TH AVENUE  
BOYNTON BEACH, FL 33435

**New Principal Place of Business:**

**Current Mailing Address:**

114 SW 8TH AVENUE  
BOYNTON BEACH, FL 33435

**New Mailing Address:**

FEI Number: 20-5700437      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

MADEUS, HENOC  
114 SW 8TH AVENUE  
BOYNTON BEACH, FL 33435      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: MADEUS, HENOC  
Address: 114 SW 8TH AVENUE  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: MGRM      ( ) Delete  
Name: MADEUS, JESULA  
Address: 114 SW 8TH AVENUE  
City-St-Zip: BOYNTON BEACH, FL 33435

**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: HENOC MADEUS

MGR

08/27/2009

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