
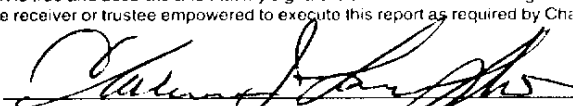


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L97000000572		FILED 99 APR -7 AM 9: 01 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
VISION REAL ESTATE, L.C. P.O. BOX 471057 LAKE MONROE FL 32747-1057		1a. Principal Place of Business Address 3625 WEST STATE ROAD 46 UNIT 2 SANFORD FL 32771			
2. Principal Place of Business 131 Commerce Way Suite, Apt. #, etc.		2a. Mailing Address Suite, Apt. #, etc.		3. Date Organized or Qualified 05/23/1997	
City & State Sanford, Florida		City & State		3a. State of Formation FL	
Zip 32771		Country USA		4. FEI Number 59-3500472 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 05/01/1998	
				6. Certificate of Status Desired \$8.75 Additional Fee Required <input checked="" type="checkbox"/>	
7. Name and Address of Current Registered Agent HARRISON, CHARLES R ESQ. 1400 WEST FAIRBANKS AVENUE SUITE 203 WINTER PARK FL			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 1400 West Fairbanks Avenue Suite, Apt. #, etc. Suite 204 City Winter Park FL Zip Code 32789		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ (DATE _____) <small>(Registered Agent Accepting Appointment) (If Not, Registered Agent Signature, Name, and Address)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MEM	LANPHIER, CLARENCE J	2160 MONTECITO AVE		DELTONA FL 32738	
MEM	LANPHIER, GARY M	2319 RIVER TREE CIRCLE		SANFORD FL 32771	
MEM	LANPHIER, ROBERT W	3164 TUNISIA DRIVE		DELTONA FL 32738	
				800002842528-0 -04/16/99--01077--022 *****188.75 *****188.75 4-14-99 800002842528-0 -04/16/99--01077--023 *****8.75 *****8.75	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: 		407-330-1628		3-18-99	