

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90163 031 ****55.00

DOCUMENT # L97000000572

1. Entity Name

VISION REAL ESTATE, L.C.



Principal Place of Business

131 COMMERCE WAY
SANFORD FL 32771

Mailing Address

P.O. BOX 471057
LAKE MONROE FL 32747-1057

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3500472

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRISON, CHARLES R ESQ.
1400 WEST FAIRBANKS AVENUE
SUITE 204
WINTER PARK FL 32789

Name

Clarence J. Lamphier

Street Address (P.O. Box Number is Not Acceptable)

2160 Montecito Ave

City

Deltona

FL

Zip Code
32738

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 Clarence J. Lamphier, MGRM

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

3/19/04

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME LAMPHIER, CLARENCE J
STREET ADDRESS 2160 MONTECITO AVE
CITY-ST-ZIP DELTONA FL 32738

TITLE MGRM ☐ Delete
NAME LAMPHIER, GARY M
STREET ADDRESS 2349 RIVER TREE CIR
CITY-ST-ZIP SANFORD FL 32771

TITLE MGRM ☐ Delete
NAME LAMPHIER, ROBERT W
STREET ADDRESS 2170 MONTECILO AVE
CITY-ST-ZIP DELTONA FL 32738

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2170 Montecito Ave
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I 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 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:

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

3/19/04

Date

407-330-1628

Daytime Phone #