2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L97000000572

1. Entity Name

VISIÓN REAL ESTATE, L.C.



FILED Mar 07, 2005 08:00 AM Secretary of State

Principal Place of Business

131 COMMERCE WAY SANFORD, FL 32771 Mailing Address

P.O. BOX 471057

LAKE MONROE, FL 32747-1057



01062005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3500472

Applied For Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LAMPHIER, CLARENCE 2160 MONTECITO AVE DELTONA, FL 32738

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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

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

(NOTE; Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2005

9,	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAMPHIER, CLARENCE J 2160 MONTECITO AVE DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAMPHIER, GARY M 2349 RIVER TREE CIR SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAMPHIER, ROBERT W 2170 MONTECITO AVE DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11. Lhereby	certify that the information supplied with this filing does not gralify for the ex

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11. I hereby certify that the information supplied with this filing does not prairie 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 of further empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED ON PHINTED NAME OF SIGNING MANAGING MENSER, OR AUTHORIZED REPRESENTATIVE

3/3/05

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