2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L97000000572

1. Entity Name
VISION REAL ESTATE, L.C.

Principal Place of Business	Mailing Address
131 COMMERCE WAY SANFORD, FL 32771	P.O. BOX 471057 LAKE MONROE, FL 32747-1057

02142006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

LAMPHIER, CLARENCE
2160 MONTECITO AVE
DELTONA, FL 32738

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	LAMPHIER, CLARENCE J
STREET ADDRESS	2160 MONTECITO AVE
CITY-ST-ZIP	DELTONA, FL 32738
TITLE	MGRM
NAME	LAMPHIER, GARY M
STREET ADDRESS	2349 RIVER TREE CIR
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	MGRM
NAME	LAMPHIER, ROBERT W
STREET ADDRESS	2170 MONTECITO AVE
CITY-ST-ZIP	DELTONA, FL 32738
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/28/06-80058-012 55.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 2/16/06 407-330-1628
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Robert Lamphier, MGRM