

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 131 COMMERCE WAY SANFORD, FL 32771	Mailing Address P.O. BOX 471057 LAKE MONROE, FL 32747-1057
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02142006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEJ 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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____

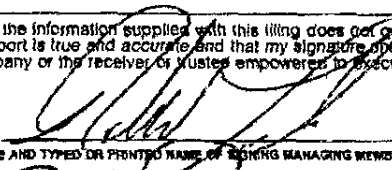
**Filing Fee is \$50.00
Due by May 1, 2006**

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	

UN00001437738
02/28/06-80058-012 55.00

**DO NOT WRITE
IN THIS SPACE**

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:  **407-330-1628**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE
Robert Lamphier, mgrm

Date _____ Daytime Phone # _____