2001 UNIFORM BU	SINESS REPO	ORT (UBR)	4	ŝ
DOCUMENT # L990	00000751			UUUUU/ B
VISIONS III, L.L.C.	, ,		FILED	J J
Ringing Dings of Dusings			01 JAN 22 PM 3:42	
Principal Place of Business 190 SOUTH SYKES CREEK PARKWAY, SUITE 4 MERRITT ISLAND FL 32952	Mailing Address 190 SOUTH SYKES CREI MERRITT ISLAND FL 329		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
			A ANALYZIN KATALANA ANALANA AN	
2. Principal Place of Business	3. Mailing Address	· · ·		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	DO NOT WRITE IN THIS SPACE	
City & State	City & State		4. FEI Number 59-3566449 Applied For Not Applicable	
Zip Country	Zip	Country	5. Certificate of Status Desired S5.00 Additional Fee Required	
6. Name and Address of Curr	ent Registered Agent	1	7. Name and Address of New Registered Agent	
GAICH, MICHAEL G		• Name		~~
190 SOUTH SYKES CREEK PARKWAY, SUITE 4		Street Address	s (P.O. Box Number is Not Acceptable)	
MERRITT ISLAND FL 32952				
	•	City	FL Zip Code	
8. The above named entity submits this statemer	nt for the purpose of changing its	registered office or regist	ered agent, or both, in the State of Florida.	
SIGNATURE	pent and title if applicable. (NOTI	E: Registered Agent signature requir	red whenstating) DATE	•
<u></u>	- Eil- e			
	Make C			
9. MANAGING ME	MBERS/MEMBERS	17.6	ADDITIONS/CHANGES	
	De	·V		(11/00)
NAME GAICH, MICHAEL G STREET ADDRESS CITY-ST-ZIP MERRITT, ISLAND FL 32952	PARKWAY, SUITE 4			m
TITLE	Deleti		Change Addition	CR2E08
NAME STREET ADDRESS	L	STREET ADDRESS		۲
CITY-ST-ZIP TITLE	Delete	CITY-ST-ZIP TITLE		
NAME		TI TINAME		
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	-01/29/0101133006	
TITLE	Delete	тате	*****50,00 *****50,00 □ Change □ Addition	
NAME STREET ADDRESS		NAME STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE NAME	Delete	TITLE NAME	Change 🗋 Addition	
STREET ADDRESS		STREET ADDRESS CITY-ST-ZIP	M	
TITLE	Delete	TITLE	Change Addition	
NAME STREET ADDRESS		NAME STREET ADDRESS		
CITY-ST-ZIP		CITY-SJ-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 NAM	E OF SIGNING MANAGING MEMBER, MAN	AGER, OR AUTHORIZED REPRES	ENTATIVE Date Daytime Phone #	