


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2004 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L99000000751</b><br>1. Entity Name<br>VISIONS III, L.L.C. |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>190 SOUTH SYKES CREEK PARKWAY, SUITE 4<br>MERRITT ISLAND, FL 32952 | Mailing Address<br>190 SOUTH SYKES CREEK PARKWAY, SUITE 4<br>MERRITT ISLAND, FL 32952 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-LLC CR2E083 (10/03)

|   |  |
|---|--|
| 4. FEI Number<br>59-3566449                               | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required |

6. Name and Address of Current Registered Agent

GAICH, MICHAEL G  
190 SOUTH SYKES CREEK PARKWAY, SUITE 4  
MERRITT ISLAND, FL 32952

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

**Filing Fee is \$50.00  
Due by May 1, 2004**

U00000073819  
03/02/04 00052 023 50.00

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>GAICH, MICHAEL G<br>190 SOUTH SYKES CREEK PARKWAY, SUITE 4<br>MERRITT ISLAND, FL 32952 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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IN THIS SPACE**

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: MICHAEL GAICH 2-26-04 321-453-4200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #