

182

# LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #L99000003554

1. Entity Name

CRYSTAL VISION PROPERTIES, L.L.C.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1001 GILLS DRIVE

3. Mailing Address  
P.O. Box 618271

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
ORLANDO FLORIDA

City & State  
ORLANDO FLORIDA

4. FEI Number  
59-3580483

Applied For  
Not Applicable

Zip  
32824-8041

Country  
USA

Zip  
32861-8271

Country  
USA

5. Certificate of Status Desired  \$5.00 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
DECUBELLIS & MEEKS, P.A.

Street Address (P.O. Box Number is Not Acceptable)

837 NORTH GARLAND AVENUE

City ORLANDO

FL

Zip Code 32801

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.

SIGNATURE

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

DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGR

Ronald Barnett  
P.O. Box 618271  
Orlando, FL 32861-8271

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-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:

Ronald Barnett

September 6, 2002 407-222-0500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CIRCE083B (12/01)

2 of 2

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



ACCOUNT NO. : 072100000032

REFERENCE : 737660 81523A

AUTHORIZATION : *Patricia Pigato*

COST LIMIT : \$ 50.00

ORDER DATE : September 10, 2002

ORDER TIME : 11:08 AM

ORDER NO. : 737660-010

CUSTOMER NO: 81523A

CUSTOMER: Ms. Betty Kay Czajkowski  
Decubellis & Meeks  
837 North Garland Avenue

Orlando, FL 32801

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02 SEP 10 AM 11:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: CRYSTAL VISION PROPERTIES,  
L.L.C.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX            PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea-EXT#1114

EXAMINER'S INITIALS: \_\_\_\_\_