

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000003753

**FILED**  
**Feb 19, 2009**  
**Secretary of State**

**Entity Name:** LEISUREVISIONS LLC

**Current Principal Place of Business:**

108 WEST 13TH STREET  
C/O BUSINESS FILINGS INCORPORATED  
WILMINGTON, DE 19801

**New Principal Place of Business:**

**Current Mailing Address:**

PMB 328  
STE 51 444 BRICKELL AVE  
MIAMI, FL 331312492

**New Mailing Address:**

**FEI Number:** 26-0145126

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HENDRY, STONER, CALANDRINO & BROWN, P.A.  
20 N. ORANGE AVENUE, SUITE 600  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

HENDRY, STONER & BROWN, P.A.  
20 N. ORANGE AVENUE, SUITE 600  
ORLANDO, FL 32801 US

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: HENDRY, STONER & BROWN, P.A.

02/19/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WEHRLE, JAMES R  
Address: 444 BRICKELL AVENUE, PMB 328, SUITE 51  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES R. WEHRLE

MGRM

02/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date