

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000072300

**FILED**  
**Mar 30, 2009**  
**Secretary of State**

**Entity Name:** VISION DEVELOPMENT AND MANAGEMENT, L.L.C.

**Current Principal Place of Business:**

1969 S. ALAFAYA TR.  
# 408  
ORLANDO, FL 32828

**New Principal Place of Business:**

3662 AVALON PARK E. BLVD.  
# 201  
ORLANDO, FL 32828

**Current Mailing Address:**

1969 S. ALAFAYA TR.  
# 408  
ORLANDO, FL 32828

**New Mailing Address:**

3662 AVALON PARK E. BLVD.  
# 201  
ORLANDO, FL 32828

**FEI Number:** 68-0611669

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SILVERMAN, FRANK  
9720 COVENT GARDEN DR.  
ORLANDO, FL 32827 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SILVERMAN, FRANK  
Address: 9720 COVENT GARDEN DR.  
City-St-Zip: ORLANDO, FL 32827

Title: MGR ( ) Delete  
Name: ENGELKE, JOY  
Address: 1559 MELANIE DR.  
City-St-Zip: ORLANDO, FL 32825

**ADDITIONS/CHANGES:**

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

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: FRANK SILVERMAN

MGRM

03/30/2009

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