## A0700000944

(Requestor's Name)	_
(Address)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
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## **COVER LETTER**

TO: Registration Section
Division of Corporations
SUBJECT: Vision Fund I Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership
DOCUMENT NUMBER: A 07 00000944
The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
JULIE SCHULZ
Contact Person
SUMMIT GROUP MANAGEMENT , LLC
Firm/Company
3427 BANNERMAN ROAD, SUITE D208
Address
TALLAHASSEE FL 32312
City, State and Zip Code
julie.schulz@summitgroup.biz
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JULIE SCHULZ at ( 850 )219-8207
Name of Contact Person Area Code and Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Florida Department of State.
STREET ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Division of Corporations
Clifton Building P. O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32314
Tallahassee, FL 32301

## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.
1 Vision Fund I. Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership
2. 8/08/2007 3. A0700000944
Date of filing/registration in Florida Florida Florida document number
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
SUMMIT GROUP INTERNATIONAL MANAGEMENT, LLC
Name
2073 SUMMIT LAKE DRIVE, SUITE 155
Address
TALLAHASSEE FL 32317
City, State and Zip
5. The name and Florida street address of the new registered agent and/or office:
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Florida street address (P.O. Box not acceptable)
TALLAHASSEE FL 32312
City, State and Zip
6. Such change(s) is/are effective when filed by the Florida Department of State.
X Signature of General Partner Vision Fund Mgmt LLC
Signature of General Parties VISION FUNA MIGHT
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an agreept the obligations of my position as registered agent.
and I distribute with an effective of the position as registered agent.
Signature of Registered Agent

Filing Fee: \$35.00 Certified Copy (optional): \$52.50