

A07000000944

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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 07000000944

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

Name of Contact Person

at (850) 219-8207

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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.

2. 8/08/2007 Date of filing/registration in Florida

3. A07000000944 Florida document number

City, State and Zip

City, State and Zip

CRW, mgr of
Vision Fund mgmt LLC


Signature of Registered Agent

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