A0700000944

(Re	equestor's Name)			
(Ad	dress)				
(Address)					
(Cit	ty/State/Zip/Phor	ne #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificate	es of Status			
Special Instructions to Filing Officer:					

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APPROVED AND FILED

COVER LETTER

TO: Registration	on Section			
Division of Corpo	prations			
SUBJECT: VISIO	ON FUND I LIMITED PAR			
	(Name of Florida Limited Par	tnership or Limited Liability Limit	ted Partnership)	
	tificate of Dissolution a orrespondence concern ER		for filing.	
	(Contac	ct Person)		
TIERRA VISTA GR	OUP. LLC			
	(Firm/C	Company)		
3425 BANNERMAN	N ROAD, SUITE 105-428			
	bbA)	ress)		
TALLAHASSEE, FI	1_ 32312			
	(City, State a	nd Zip Code)		
For further inforn	nation concerning this n	natter, please call:		
CLAUDE R. WALKER		850 219-8216 at ()		
(Nan	ne of Contact Person)	(Area Code) (D	aytime Telephone Number)	
Enclosed is a chec	ck for the following am	ount:		
■\$52.50 Filing Fee	S61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	S113.75 Filing Fee, Certified Copy, and Certificate of Status	
STREET ADDR			ADDRESS:	
Registration Section Division of Corporations			Registration Section Division of Corporations	
Clifton Building		P. O. Box 6	6327	
2661 Executive C Tallahassee, FL		Tallahassec	e, FL 32314	

Certified Mail # 7019 1120 0001 3298 0819

CERTIFICATE OF DISSOLUTION FOR

VISION FUND I LIMITED PARTNERSHIP

(Name of Florida Limited Partnership of	or Limited Liab	oility Limited Partnership)	
Pursuant to the provisions of section partnership or limited liability limited Florida Department of State ondocument numberA07000000944	ted partnersl 08/08/2007	nip, whose certificate w	as filed with the ssigned Florida
Dissolution.		·	
FIRST: Reason for dissolution: (State why pa	artnership is submitting	dissolution)
BUSINESS TERMINATION			
SECOND: A Notice of Disso (Check box if a THIRD: Effective date, if other than the (Effective date cannot be prior to nor mor Department of State.) Note: If the date inserted in this block does	attached.) he date of filing he than 90 days	: 12/31/. after the date this document	t is filed by the Florida
not be listed as the document's effective d	late on the Dep	artment of State's records.	
Signatures of each general partner or the p	person appointe	d pursuant to s. 620.1803(3)) or (4), F.S.:
Filing Fee:	\$52.50		ICRETAN =
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75		4 AMII Parasi Parasi