

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90080 039 ****50.00

DOCUMENT # L00000014911					
1. Entity Name VISION WEST GROUP, L.L.C.					
Principal Place of Business 4333 S. TAMiami TRAIL, STE E SARASOTA, FL 34231			Mailing Address 4333 S. TAMiami TRAIL, STE E SARASOTA, FL 34231		
2. Principal Place of Business 2040 Bispham Road Suite, Apt. #, etc.		3. Mailing Address 2040 Bispham Road Suite, Apt. #, etc.			
City & State Sarasota, FL.		City & State Sarasota, FL.		4. FEI Number 65-1063213	
Zip 34231		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DINARDO, FRANK 4333 S. TAMiami TRAIL, SUITE E SARASOTA, FL 34231			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2040 Bispham Road City Sarasota FL Zip Code 34231		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DINARDO, PETER 4333 S. TAMiami TRAIL, #E SARASOTA, FL 34231	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	2040 Bispham Road Sarasota, FL 34231	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DINARDO, FRANK 4333 S. TAMiami TRAIL, #E SARASOTA, FL 34231	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <i>Peter Dinardo</i>			Date <i>4/18/05</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					