


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # L00000014911 1. Entity Name VISION WEST GROUP, L.L.C.	
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Principal Place of Business 611 ACCESS ROAD 3RD FLOOR - C/O F. DINARDO STRATFORD, CT 06615	Mailing Address 611 ACCESS ROAD 3RD FLOOR - C/O F. DINARDO STRATFORD, CT 06615
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DO NOT WRITE IN THIS SPACE



01212008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-1063213	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent DINARDO, FRANK 2040 BISPHAM ROAD SARASOTA, FL 34231
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DINARDO, PETER 611 ACCESS ROAD STRATFORD, CT 06615
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04/03/08-80044-012 143.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Peter Dinardo* *Peter Dinardo - Manager* *3-5-2008* *203 209-8594*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #