

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L01000017359

FILED
Jul 10, 2008
Secretary of State**Entity Name:** VISION INVESTMENT GROUP, LLC**Current Principal Place of Business:**2322 WEST 78TH STREET
HIALEAH, FL 33016**New Principal Place of Business:****Current Mailing Address:**7964 NW 163RD TERR
MIAMI LAKES, FL 33016**New Mailing Address:**2322 WEST 78TH STREET
HIALEAH, FL 33016**FEI Number:** 65-1151171**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**VARELA, JULIO
7964 NW 163RD TERR
MIAMI LAKES, FL 33016 US**Name and Address of New Registered Agent:**GONZALEZ, INOCENCIO J
2322 WEST 78 STREET
HIALEAH, FL 33016 US

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.

SIGNATURE: INOCENCIO J GONZALEZ

07/10/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGRM () Delete
Name: GONZALEZ, INOCENCIO J
Address: 16368 NW 86 COURT
City-St-Zip: MIAMI LAKES, FL 33016**Title:** MGRM () Delete
Name: VARELA, JULIO
Address: 7964 NW 163 TERRACE
City-St-Zip: MIAMI LAKES, FL 33016**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** MGRM (X) Change () Addition
Name: CARBONELL, JUAN C
Address: 7594 WEST 34 LANE
City-St-Zip: HIALEAH, FL 33018

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: INOCENCIO J GONZALEZ

MGRM

07/10/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date