


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90426 027 ****50.00

DOCUMENT # L02000012638			
1. Entity Name D & H VISION GROUP, L.L.C.			
Principal Place of Business 5333 N. DIXIE HIGHWAY, SUITE 101 FORT LAUDERDALE FL 33334		Mailing Address 1990 NE 163 STREET #208 N MIAMI BEACH FL 33162	
2. Principal Place of Business		3. Mailing Address 5333 N. DIXIE HIGHWAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 101	
City & State		City & State FORT LAUDERDALE, FL	
Zip	Country	Zip	Country
33334		33334	



1st MOORE CR2E083 (10/05)

4. FEI Number 02-0620638		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent HOFFMAN, JOSEPH I M.D. 5333 N. DIXIE HIGHWAY, SUITE 101 FORT LAUDERDALE FL 33334		7. Name and Address of New Registered Agent	
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		FL Zip Code	

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOFFMAN, JOSEPH I 5333 N. DIXIE HIGHWAY, SUITE 101 FORT LAUDERDALE FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

TYPE

Daytime Phone #

JOSEPH I HOFFMAN 2/13/06 954-493-5033