## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Jan 12, 2006 08:00 AM Secretary of State

AITHOAL ILLI OILI					
DOCUMENT # L  1. Entity Name VISION HOLDINGS, LL		22937			
Principal Place of Business 172 97TH AVE NE ST. PETERSBURG, FL 33702	US	Mailing Address 172 97TH AVE NE ST. PETERSBURG, FL 33702	US		

DO NOT WRITE IN THIS SPACE



01092006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 75-3079024

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LAROSA, MICHAEL 172 97TH AVE NE ST. PETERSBURG, FL 33702

## DO NOT WRITE

		IN	I HIS SPACE
8. The above the obligat	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or cyated name of registered apent and fills if applicable	(NOTE Registered Agent signature required when reinstating)	DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2006		100000384907 01/17/06-80034-012 50.00
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAROSA, MICHAEL 172 97TH AVE NE ST. PETERSBURG, FL 33702		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCULLOUGH, PAUL 3382 BAYSIDE LANE SAN DIEGO, CA 92109		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET AODRESS CITY-ST-ZIP			
11. ( hereby indicated	certify that the information supplied with this filing does not on this report is true and accurate and that my signature s	qualify for the exemptions contained in Chapter 1 hall have the same legal effect as if made under or	19, Florida Statutes. I further certify that the information path; 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. URE: QI MGRM
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OF AUTHORIZED REPRESENTATIVE 9/06 813-312-3880

ichael La Rosa