

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031620

Entity Name: ACE VISION GROUP, L.L.C.

FILED
Jan 05, 2007
Secretary of State

Current Principal Place of Business:

301 NOTH FIFTEENTH STREET
IMMOKALEE, FL 34142

New Principal Place of Business:

301 NOTH 15TH STREET
IMMOKALEE, FL 34142

Current Mailing Address:

PO BOX 970
IMMOKALEE, FL 34143

New Mailing Address:

FEI Number: 59-3767815

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLOCKER, CURTIS D
301 NORTH FIFTEENTH STREET
IMMOKALEE, FL 34142 US

Name and Address of New Registered Agent:

BLOCKER, CURTIS D
301 NORTH 15TH STREET
IMMOKALEE, FL 34142 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: _____

01/05/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PECOT, TED
Address: 3250 TRIPLE CROWN LANE
City-St-Zip: LAKELAND, FL 33811

Title: PTR () Delete
Name: BLOCKER, CURTIS D
Address: 301 N. 15TH STREET
City-St-Zip: IMMOKALEE, FL 34142

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PECOT, TED
Address: 2016 WENTWORTH PALCE
City-St-Zip: WINTER HAVEN, FL 33881

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CURTIS D. BLOCKER

PTR

01/05/2007

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