


05-10-2007 90420009 \*\*\*\*50.00  
L04000023524

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED

07 DEC 11 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**60050592**

DOCUMENT # L04000023524					
1. Entity Name VISION ACQUISITIONS, LLC					
Principal Place of Business 720 SUMMA AVENUE WESTBURY, NY 11590		Mailing Address 720 SUMMA AVENUE WESTBURY, NY 11590			
2. Principal Place of Business - No P.O. Box # <u>790 Summa Ave</u> Suite, Apt. #, etc.		3. Mailing Address <u>790 Summa Ave</u> Suite, Apt. #, etc.		04242007 Chg-LLC CR2E083 (12/06)	
City & State		City & State		4. FEI Number 20-3172406 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent STONE, STEPHEN M 725 N MAGNOLIA AVE ORLANDO, FL 32803			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
<b>REINSTATEMENT 2007</b>					
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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAFFER, SADIQUE M		NAME		
STREET ADDRESS	790 SUMMA AVENUE		STREET ADDRESS		
CITY - ST - ZIP	WESTBURY, NY 11590		CITY - ST - ZIP		
TITLE	M	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAFFER, MOHAMMEDIAK		NAME	Jaffer, Mohamed Taki	
STREET ADDRESS	1738 BRIDGEWATER DRIVE		STREET ADDRESS		
CITY - ST - ZIP	LAKE MARY, FL 32746		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <u>[Signature]</u> - <u>MANAGING MEMBER</u>			Date: <u>4/24/07</u> Daytime Phone #: <u>516-997-7197</u>		

*A/R Repaid in Sadique Jaffer even + not received by. Corp. Penalty fees*