2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000023524

1. Entity Name
VISION ACQUISITIONS, LLC

Principal Place of Business	Mailing Address
790 SUMMA AVENUE WESTBURY, NY 11590	790 SUMMA AVENUE WESTBURY, NY 11590

DO NOT WRITE IN THIS SPACE

04152008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-3172406	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

STONE, STEPHEN M
725 N MAGNOLIA AVE
ORLANDO, FL 32803

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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 reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U000000932270
05/22/08-80049-005 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	JAFFER, SADIQUE M
STREET ADDRESS	790 SUMMA AVENUE
CITY-ST-ZIP	WESTBURY, NY 11590
TITLE	M
NAME	JAFFER, MOHAMEDTAKI
STREET ADDRESS	1738 BRIDGEWATER DRIVE
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____   4-18-08   407-649-9888 xt 34
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #