2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE

Mar 07, 2005 8:00 am Secretary of State **DOCUMENT # L04000047262** 1. Entity Name THE VISION, LLC 03-07-2005 90056 049 ****50.00 Principal Place of Business Mailing Address 2360 COLLINS AVENUE 2360 COLLINS AVENUE 20018552 MIAMI BEACH, FL. 33139 MIAMI BEACH, FL 33139 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired ee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE Delete THE ☐ Change Addition FIELDS, KENNETH NAME NAME STREET ADORESS 2360 COLLINS AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139 CITY-ST-ZIP MGRM TITLE Delete TITLE Change ☐ Addition RYK, TOMMY NAME NAME STREET ADDRESS 2360 COLLINS AVENUE STREET ADDRESS COY-ST-ZP MIAMI BEACH, FL 33139 CITY-ST-7IP TITLE MGRM Detete TITLE ☐ Change ☐ Addition DARIAN, JORDAN NAME STREET ADDRESS 2360 COLLINS AVENUE STREET ADDRESS MIAMI BEACH, FL 33139 COTY-ST-7IP CITY-ST-ZIP TITLE Detete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-51-78 TITLE ☐ Detete TITLE П Спалое Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Oelete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7P 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath; that I am a managing member or manager of the limited liability company or the receiver out under empowered to execute this report as required by Chapter 608, Florida Statutes. Jan 18=2004 305-538-1951 Konneth Fields

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