


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90196 005 \*\*\*\*50.00

<b>DOCUMENT # L04000048592</b>	
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<b>1. Entity Name</b> AGR VISION, LLC	<b>Principal Place of Business</b> 18206 COLLINS AVENUE SUNNY ISLES BEACH, FL 33160	<b>Mailing Address</b> 18206 COLLINS AVENUE SUNNY ISLES BEACH, FL 33160
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<b>2. Principal Place of Business - No P.O. Box #</b> 9577 HARDING AVE	<b>3. Mailing Address</b> 9577 HARDING AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b> SURFSIDE FL	<b>City &amp; State</b> SURFSIDE FL
<b>Zip</b> 33154	<b>Country</b>
<b>Zip</b> 33154	<b>Country</b>



02092007 Chg-LLC CR2E083 (12/06)

<b>6. Name and Address of Current Registered Agent</b> GLEIZER, HERNAN 18206 COLLINS AVENUE SUNNY ISLES BEACH, FL 33160	<b>7. Name and Address of New Registered Agent</b> Name: GLEIZER HERNAN Street Address (P.O. Box Number is Not Acceptable): 9577 HARDING AVE City: SURFSIDE FL Zip Code: 33154
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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALPERN, FERNANDO 18206 COLLINS AVENUE SUNNY ISLES BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALPERN FERNANDO 9577 HARDING AVE SURFSIDE FL 33154 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GLEIZER, HERNAN 18206 COLLINS AVENUE SUNNY ISLES BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GLEIZER, HERNAN 9577 HARDING AVE SURFSIDE FL 33154 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** \_\_\_\_\_ *Feb 15-07 305 865 0977*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #