

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 07, 2006 8:00 am**  
**Secretary of State**

08-07-2006 90112 013 \*\*\*\*50.00

20051814



<b>DOCUMENT # L05000000046</b> 1. Entity Name <b>VISION DEVELOPMENT GROUP OF BROWARD COUNTY, LLC</b>					
Principal Place of Business <b>1920 EAST HALLANDALE BEACH BLVD. SUITE 626 HALLANDALE, FL 33009</b>			Mailing Address <b>1920 EAST HALLANDALE BEACH BLVD. SUITE 626 HALLANDALE, FL 33009</b>		
2. Principal Place of Business <i>673 Vista Isles Dr</i> Suite, Apt. #, etc. <i>Suite 1614</i> City & State <i>Sunrise FL</i> Zip <i>33325</i>		3. Mailing Address Suite, Apt. #, etc. City & State Zip		07192006    Chg-LLC    CR2E083 (11/05)	
4. FEI Number <b>43-0207567</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>COHEN, GARY P 46 SW FIRST STREET FOURTH FL MIAMI, FL 33130</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>M M COHEN, ISADORE M 1920 EAST HALLANDALE BEACH BLVD SUITE 626 HALLANDALE, FL 33009</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <i>7/19/06</i> Daytime Phone # _____		