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Secretary of State
05-30-2007 90081 011 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

30010950

DOCUMENT # L05000000046

1. Entity Name
VISION DEVELOPMENT GROUP OF BROWARD COUNTY, LLC

Principal Place of Business	Mailing Address
673 VISTA ISLES DR SUITE 1614 SUNRISE, FL 33325	~~1920 EAST HALLANDALE BEACH BLVD.~~ ~~SUITE 626~~ ~~HALLANDALE, FL 33009~~ 673 Vista Isles Dr Suite 1614 SUNRISE, FL

2. Principal Place of Business - No P.O. Box #	3. Mailing Address - No P.O. Box #
Suite, Apt. #, etc.	673 Vista Isles Drive Suite 1614
City & State	SUNRISE, FL
Zip / Country	33325 / BAHAMAS

05222007 Chg-LLC CR2E083 (12/06)

4. FEI Number
43-0207567
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COHEN, GARY P 46 SW FIRST STREET FOURTH FL MIAMI, FL 33130	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MM COHEN, ISADORE M ~~1920 EAST HALLANDALE BEACH BLVD. SUITE 626~~ ~~HALLANDALE, FL 33009~~	☐ Delete	MANAGING MEMBER 673 Vista Isles Dr S1614 SUNRISE FL 33325 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ 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 605, Florida Statutes.

SIGNATURE: ISADORE COHEN, M.M. 5/20/07 954.370.9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #