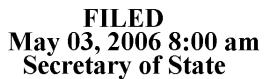
2006 LIMITED LIABILITY COMPANY ANNUAL REPORT



DOCUMENT # L05000002657 1. Entity Name VISION DEVELOPMENT INTERNATIONAL LLC						05-03-2006 90030 048 ****50.00			
Principal Place of Business		Mailing Address			600353	53			
668 N ORLAND AVE., #1007 Maitland, FL 32751		668 N ORLAND AVE., #1007 Maitland, Fl 32751			00000	00			
,					A ITOMPILO	E BRIDE WEED ROCK ORDE BOD			
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04252006	Chg-LLC	CR2E083 (11/0	5)		
City & State		City & State		4. FEI Numb	er	×	Applied For Not Applicable		
Zip	Country	Zip Country		ry	5. Certificate	5. Certificate of Status Desired \$5.00 Additional_ Fee Required		Additional_	
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New R	egistered Agent		
BARTLE (DOUGLAS W			Name					
860 N ORA	ANGE AVE., #450 D, FL 32801		-	Street Addres	s (P.O. Box Numb	er is Not Acceptable	3)		
	*, .		-	City			FL Zip C	ode	
8. The above	named entity submits this statement for	d office or regis	stered agent, or bo	th in the State of Flo	1	th, and accent			
	ions of registered agent.	mo parposo o analiging no	· vg		,,, o. 20				
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	: Registered	Agent signature requ	ured when reinstating)		DATE		
Fi D	iling Fee is \$50.00 ue by May 1, 2006					Make check payable to Florida Department of State			
9.	MANAGING MEMBER	L RS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE	MGRM	Delete	TITLE	- 1			Chang	ge 🔲 Addition	
NAME STREET ADDRESS	BARTLE, DOUGLAS 860 N ORANGE AVE., #450		NAME	ET ADDRESS					
CITY-ST-ZIP	ORLANDO, FL 32801			ST-ZIP					
HILE		☐ Delete	TITLE	i i			☐ Chang	ge 🗌 Addition	
NAME STREET ADDRESS			NAME STREE	T ADDRESS					
CITY-ST-ZIP			CITY-	ST-ZIP				•	
TITLE		☐ Delete	TITLE	- 1			Chang	e 🗌 Addition	
NAME STREET ADDRESS			NAME STREE	T ADDRESS					
CITY-ST-ZIP	i			ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Chang	je 🗌 Addition	
NAME STREET ADDRESS			NAME	ET ADORESS					
CITY-ST-ZIP				ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Chan	ge Addition	
NAME OTREET LODGEGO			NAME	l l					
STREET ADDRESS CITY-ST-ZIP			•	ST-ZIP					
TITLE		☐ Delete	TITLE				Chang	e Addition	
NAME			NAME	- 1					
STREET ADDRESS CITY-ST-ZIP	-			ST-ZIP	•				
11. I hereby	L	this filing does not qualify for	the exer	nptions contain	ed in Chapter 119	Florida Statutes. I fu	irther certify that the	nformation	
indicated	on this report is true and accurate and t bility company or the receiver or trustee	nat my signature shall have t empowered to execute this :	ine same report as	regal effect as required by Ch	n made under oat! apter 608. Florida	n; inat i am a manag Statutes.	ling member or man	ager of the	