

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90130 045 ****50.00

DOCUMENT # L05000100794 1. Entity Name VISION OF SIX, LLC			
Principal Place of Business 6920 GATTY DRIVE EDWARDS, CA 93523 US		Mailing Address 6920 GATTY DRIVE EDWARDS, CA 93523 US	
2. Principal Place of Business 3775 W. Forest Drive Suite, Apt. #, etc.		3. Mailing Address PO Box 641101 Suite, Apt. #, etc.	
City & State Citrus Springs, Florida Zip 34433 Country USA		City & State Beverly Hills, Florida Zip 34464 Country USA	
4. FEI Number 01-0850228		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM <input type="checkbox"/> Delete NAME STEIPP, CHADWICK STREET ADDRESS 6920 GATTY DRIVE CITY-ST-ZIP EDWARDS, CA 93523	TITLE MGRM <input type="checkbox"/> Delete NAME MEYER, JAMES STREET ADDRESS 6920 GATTY DRIVE CITY-ST-ZIP EDWARDS, CA 93523	TITLE MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME MEYER, JAMES STREET ADDRESS 3775 W. Forest Drive CITY-ST-ZIP Citrus Springs, Florida - 34433	TITLE MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Reynolds, Patrick STREET ADDRESS 7915 W. Lorraine Pl. CITY-ST-ZIP Milwaukee - Wisconsin - 53222
TITLE MGRM <input type="checkbox"/> Delete NAME REYNOLDS, PATRICK STREET ADDRESS 6920 GATTY DRIVE CITY-ST-ZIP EDWARDS, CA 93523	TITLE MGRM <input type="checkbox"/> Delete NAME MARINO, JEFFREY STREET ADDRESS 6920 GATTY DRIVE CITY-ST-ZIP EDWARDS, CA 93523	TITLE MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Marino, Jeffrey STREET ADDRESS 3202 Fawn Hill Ct. CITY-ST-ZIP Urbana - Illinois - 61802	TITLE MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME OWEN, SHANE STREET ADDRESS 4181 Hwy 195 CITY-ST-ZIP Jasper - Alabama - 35503
TITLE MGRM <input type="checkbox"/> Delete NAME MITCHE, ANDREW STREET ADDRESS 6920 GATTY DRIVE CITY-ST-ZIP EDWARDS, CA 93523	TITLE MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME MITCHELL, Andrew STREET ADDRESS 721 Main Street Apt 3 CITY-ST-ZIP El Segundo - California - 90245	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: Chadwick M. Steipp		5 March 2006 661-258-0691	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			