


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000100794</b>	
1. Entity Name VISION OF SIX, LLC	

Principal Place of Business 3775 W FOREST DR CITRUS SPRINGS, FL 34433 US	Mailing Address PO BOX 641101 BEVERLY HILLS, FL 34464 US
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DO NOT WRITE IN THIS SPACE



04112007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 01-0850228	Applied For 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

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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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEIPP, CHADWICK 6920 GATTY DRIVE EDWARDS, CA 93523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEYER, JAMES 3775 W FOREST DR CITRUS SPRINGS, FL 34433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REYNOLDS, PATRICK 7925 W LORRAINE PL MILWAUKEE, WI 53222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARINO, JEFFREY 3202 FAWN HILL URBANA, IL 61802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OWEN, SHANE 4181 HWY 195 JASPER, AL 35503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MITCHELL, ANDREW 722 MAINST APT 3 EL SEGUNDO, CA 90245

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U000000711869  
04/26/07-80023-017 50.00

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 606, Florida Statutes.

**SIGNATURE:**  **Chadwick M. Steipp** **11 April 2007** **661-258-0691**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #