


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 14, 2008 8:00 am**  
**Secretary of State**

07-14-2008 90099 014 \*\*\*138.75

<b>DOCUMENT # L06000078469</b> 1. Entity Name <b>VISION GROUP PROPERTY MANAGEMENT, LLC</b>					
Principal Place of Business <b>920 WEST 84TH STREET, #209 HIALEAH, FL 33014</b>			Mailing Address <b>920 WEST 84TH STREET, #209 HIALEAH, FL 33014</b>		
2. Principal Place of Business - No P.O. Box # <b>5803 NW 151 St</b>		3. Mailing Address <b>5803 NW 151 St.</b>		  07082008    Chg-LLC    CR2E083 (12/06)	
Suite, Apt. #, etc. <b>Suite 201</b>		Suite, Apt. #, etc. <b>Suite 201</b>			
City & State <b>Miami Lakes, FL</b>		City & State <b>Miami Lakes, FL</b>			
Zip <b>33014</b>		Zip <b>33014</b>			
Country <b>US</b>		Country <b>US</b>		4. FEI Number <b>20-5412279</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SOTO, MIGUEL 920 WEST 84TH STREET, #209 HIALEAH, FL 33014</b>				7. Name and Address of New Registered Agent Name <b>Miguel Soto</b> Street Address (P.O. Box Number is Not Acceptable) <b>5803 NW 151 St. # 201</b> City <b>Miami Lakes</b> <b>FL</b> Zip Code <b>33014</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOTO, MIGUEL 920 WEST 84TH STREET, #209 HIALEAH, FL 33014	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5803 NW 151 St., #201 Miami Lakes, FL 33014	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #</small>					