

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # L06000098810**

1. Entity Name  
VALUE VISION III, LLC



**FILED  
Jul 31, 2008 08:00 AM  
Secretary of State**

Principal Place of Business  
3010 GRAND BAY BLVD  
SUITE 454  
LONGBOAT KEY, FL 34228

Mailing Address  
3010 GRAND BAY BLVD  
SUITE 454  
LONGBOAT KEY, FL 34228



07142008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 14-1983282	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

CAMPISI, PHILIP D  
3010 GRAND BAY BLVD  
SUITE 454  
LONGBOAT KEY, FL 34228

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$138.75  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAMPISI, PHILIP D 3010 GRAND BAY BLVD., SUITE 454 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NORMAN JONES ENLOW & CO <del>530 W SPRING STREET, SUITE 400</del> 226 N. Fifth St Suite 500 COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000956726  
07/31/08-80001-018 143.75

**DO NOT WRITE  
IN THIS SPACE**

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:** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7-28-08 6149062700  
Date Daytime Phone #