

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000109089

FILED  
Feb 05, 2008  
Secretary of State

Entity Name: VISION VALUE, LLC

**Current Principal Place of Business:**

4800 NORTH FEDERAL HIGHWAY  
SUITE 201B  
BOCA RATON, FL 33431 US

**New Principal Place of Business:**

**Current Mailing Address:**

4800 NORTH FEDERAL HIGHWAY  
SUITE 201B  
BOCA RATON, FL 33431 US

**New Mailing Address:**

FEI Number: 20-5873626      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ZIFRONY, MATTHEW ESQ.  
TRIPP SCOTT, PA  
110 SE 6TH STREET, 15TH FLOOR  
FORT LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MUSA, MARCO  
Address: 4800 NORTH FEDERAL HIGHWAY, SUITE 201B  
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGR ( ) Delete  
Name: STANTON, DANIEL  
Address: 4800 NORTH FEDERAL HIGHWAY, SUITE 201B  
City-St-Zip: BOCA RATON, FL 33431 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARCO MUSA

MGR

02/05/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date