

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000017040

FILED
Jan 07, 2008
Secretary of State

Entity Name: VISION FUND MANAGEMENT, LLC

Current Principal Place of Business:

1700 SUMMIT LAKE DRIVE
SUITE 100
TALLAHASSEE, FL 32317

New Principal Place of Business:

1650 SUMMIT LAKE DRIVE
SUITE 101
TALLAHASSEE, FL 32317

Current Mailing Address:

1700 SUMMIT LAKE DRIVE
SUITE 100
TALLAHASSEE, FL 32317

New Mailing Address:

1650 SUMMIT LAKE DRIVE
SUITE 101
TALLAHASSEE, FL 32317

FEI Number: 20-8431929

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, CHRISTOPHER
1700 SUMMIT LAKE DRIVE
SUITE 100
TALLAHASSEE, FL 32317 US

Name and Address of New Registered Agent:

CAMPBELL, CHRISTOPHER
1650 SUMMIT LAKE DRIVE
SUITE 101
TALLAHASSEE, FL 32317 US

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: CHRISTOPHER CAMPBELL

01/07/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KEARNEY, RICHARD S
Address: 1700 SUMMIT LAKE DRIVE
City-St-Zip: TALLAHASSEE, FL 32317

Title: MGR () Delete
Name: OSTERYOUNG, JEROME S PHD
Address: 2912 BRANDEMERE DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGR () Delete
Name: CAMPBELL, CHRISTOPHER J
Address: 1700 SUMMIT LAKE DRIVE
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES:

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

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: CHRISTOPHER CAMPBELL

MGR

01/07/2008

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