2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: VISION RESORTS, LLC

Current Principal Place of Business:

14 CHIPMUNK TRAIL
WOODBRIDGE, ON L4H 2R3 CA

New Principal Place of Business:

Current Mailing Address:

14 CHIPMUNK TRAIL
WOODBRIDGE, ON L4H 2R3 CA

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BONILLA, CARLOS J
7901 KINGSPOINTE PARKWAY
SUITE 8
ORLANDO, FL 32819 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: MGRM
Name: SILVA, ADAM D
Address: 14 CHIPMUNK TRAIL
City-St-Zip: WOODBRIDGE, ON L4H 2R3 CA

Title: MGRM
Name: SARAVIA, JACKELINE
Address: 14 CHIPMUNK TRAIL
City-St-Zip: WOODBRIDGE, ON L4H 2R3 CA

Title: MGRM
Name: SARAVIA, HUGO
Address: 14 CHIPMUNK TRAIL
City-St-Zip: WOODBRIDGE, ON L4H 2R3 CA

Title: MGRM
Name: SARAVIA, OSCAR
Address: 14 CHIPMUNK TRAIL
City-St-Zip: WOODBRIDGE, ON L4H 2R3 CA

Title: MGRM
Name: SARAVIA, ROSA
Address: 14 CHIPMUNK TRAIL
City-St-Zip: WOODBRIDGE, ON L4H 2R3 CA

Title: MGRM
Name: SARAVIA, SHANE
Address: 14 CHIPMUNK TRAIL
City-St-Zip: WOODBRIDGE, ON L4H 2R3 CA

I hereby 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 Statues.

SIGNATURE: ADAM DA SILVA MGRM 03/24/2010

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