

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000095930

Entity Name: VISION RESORTS, LLC

FILED  
Apr 21, 2011  
Secretary of State

**Current Principal Place of Business:**

14 CHIPMUNK TRAIL  
WOODBIDGE, ON L4H 2R3 CA

**New Principal Place of Business:**

**Current Mailing Address:**

14 CHIPMUNK TRAIL  
WOODBIDGE, 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 KINGSPONTE 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: SARAIVA, JACKELINE  
Address: 14 CHIPMUNK TRAIL  
City-St-Zip: WOODBRIDGE, ON L4H 2R3 CA

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

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

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

Title: MGRM  
Name: SARAIVA, 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 Statutes.

SIGNATURE: ADAM SILVA

MGRM

04/21/2011

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