

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000095930

Entity Name: VISION RESORTS, LLC

FILED
Apr 28, 2012
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 DASILVA

MGRM

04/28/2012

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