APR- 3-07 TUE 12:04 PM NICHOLS VILLAGE FAX NO

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Apr 11, 2007 8:00 am
Secretary of State
04-11-2007 90154 037 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M02000001965

1. Entity Name
VISIONWEB LIMITED, L.L.C.

60034888

Principal Place of Business
2400 118TH AVENUE NO.
ST PETERSBURG, FL 33716

Mailing Address
2400 118TH AVENUE NO.
ST. PETERSBURG, FL 33716

2. Principal Place of Business - No P.O. Box #
8300 Sheen DR.
Suite, Apt. #, etc.
City & State: ST. PETERSBURG, FL
Zip: 33709 Country: USA

3. Mailing Address
13515 STEMMONS FRWY
Suite, Apt. #, etc.: LEGAL DEPT
City & State: DALLAS, TX
Zip: 75234 Country: USA

04032007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 58-2558996 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9 MANAGING MEMBERS/MANAGERS		10 ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WALSH, GRETCHEN H 2400 118TH AVE. NORTH ST. PETERSBURG, FL 33716 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ROGER FOURNIER 8300 Sheen DR. ST. PETERSBURG, FL. 33709 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [signature] ROGER FOURNIER 4-5-07 727-549-4205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Mgr. VW, LLC