


Apr. 21. 2006 6:26PM

### 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
4/ May 18, 2006 8:00 am  
Secretary of State

04-26-2006 90028 028 \*\*\*\*55.00

<b>DOCUMENT # L05000121612</b>			
1. Entity Name <b>VICTORIANA, LLC</b>			
Principal Place of Business <b>634 RADFORD ROAD GREENVILLE, FL 32331 US</b>		Mailing Address <b>634 RADFORD ROAD GREENVILLE, FL 32331 US</b>	
2. Principal Place of Business		3. Mailing Address <b>P.O. Box 450100</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Miami, FL</b>	
Zip	Country	Zip	Country
<b>33245</b>	<b>USA</b>	<b>33245</b>	<b>USA</b>
4. FEI Number <b>30-4722192</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		5.00 Additional Fee Received	
6. Name and Address of Current Registered Agent <b>HARDEE, CARY A II 170 WEST PINCKNEY STREET MADISON, FL 32340</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 _____ DATE _____ <small>Signature typed in print in name of registered agent and date if applicable. NOTE: Registered Agent signature required when addressing.</small>			
Filing Fee is \$60.00 Due by May 1, 2006		Make check payable to: Florida Department of State	
8. MANAGING MEMBERS/MANAGERS		9. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRGR FERNANDEZ-HAAR, ANA MARIA 634 RADFORD ROAD GREENVILLE, FL 32331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing complies with 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 by the person named as a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 206, Florida Statutes.			
SIGNATURE: _____		Date: <b>4/21/06</b>	
<small>SIGNATURE TYPED OR PRINTED IN NAME OF RECORDS MANAGER, RECEIVING MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	