


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 13, 2006 08:00 AM
Secretary of State

DOCUMENT # M01000001534 1. Entity Name VISIONARIA CAPITAL PARTNERS LLC	
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Principal Place of Business 20801 BISCAYNE BLVD., SUITE 403 AVENTURA, FL 33180	Mailing Address 13040 S.W. 56TH TERRACE MIAMI, FL 33183
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DO NOT WRITE IN THIS SPACE

03302006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1060847	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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**

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

**Filing Fee is \$50.00
 Due by May 1, 2006**

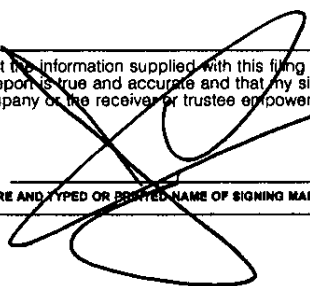
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAREAGA, JAVIER 20801 BISCAYNE BLVD., SUITE 403 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARCIA-MOROS, BLAS 20801 BISCAYNE BLVD., SUITE 403 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PERALES, ALONSO 20801 BISCAYNE BLVD., SUITE 403 AVENTURA, FL 33180
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 06/13/06-80006-008 55.00

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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:  **3/3/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #