2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # M01000001534

1. Entity Name
VISIONARIA CAPITAL PARTNERS LLC

U00000599687
01/25/07-80037-019 55.00

Principal Place of Business	Mailing Address
20801 BISCAYNE BLVD., SUITE 403 AVENTURA, FL 33180	13040 S.W. 56TH TERRACE MIAMI, FL 33183

01172007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1060847
☐ 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

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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 $60.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

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

DO NOT WRITE IN THIS SPACE

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: _____ 1/17/07 305-932-1952
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #