2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000004100

1. Entity Name VICPAR FINANCE, L.L.C.

Principal Place of Business

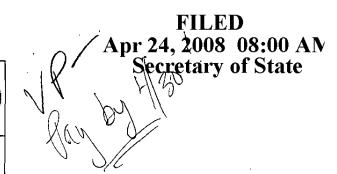
2665 SOUTH BAYSHORE DRIVE

PH-2A COCONUT GROVE, FL 33133 Mailing Address

2665 SOUTH BAYSHORE DRIVE

PH-2A

COCONUT GROVE, FL 33133





03122008 No Chg-LLC

CR2E083 (12/07)

4,	FEI Number
	65-0630141

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KATZ, EZRA 2665 SOUTH BAYSHORE DRIVE PH-2A

COCONUT GROVE, FL 33133

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IN	THIS	SPA	۱ÇE

B. The above named entity submits this statement for the purpose of	f changing its registered office or register	red agent, or both, in the State of Florida.	I am familiar with, and accept
the obligations of registered agent.			
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SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KATZ, EZRA 2665 SOUTH BAYSHORE DRIVE, PH-2A COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·

IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 eath; 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 AND TYPED OR WINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE