


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000005007 1. Entity Name VICTORIA PLACE, LLC	
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Principal Place of Business 1500 W CYPRESS CREEK RD STE 409 FORT LAUDERDALE, FL 33309	Mailing Address 1500 W CYPRESS CREEK RD STE 409 FORT LAUDERDALE, FL 33309
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DO NOT WRITE IN THIS SPACE



03142005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1090583	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BRENNER, SCOTT 1500 W CYPRESS CREEK RD STE 409 FORT LAUDERDALE, FL 33309
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reappointing)	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2005**

U000000271880
03/21/05-80065-014 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZAM-VICTORIA PLACE, INC. 1500 W CYPRESS CREEK RD ST 409 LAUDERDALE, FL 33309
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	3/17/05
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>
	<small>Daytime Phone #</small>