2006 LIMITED LIABILITY COMPANY ANNUAL REPORT **DOCUMENT # L01000020872** 1. Entity Name VISCAYA COVE, L.L.C. Principal Place of Business Mailing Address 2180 TERRACE BLVD P O BOX 540022 LONGWOOD, FL 32779 ORLANDO, FL 32854 DO NOT WRITE IN THIS SPACE

FILED Apr 14, 2006 08:00 AN Secretary of State



04132006 No Chg-LLC

CR2E083 (11/05)

Applied For 4. FEI Number 80-0006067 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6 Name and Address of Current Registered Agent

6. Name and Address of Current Registered Agent			•				
SMITH, TRACEY M 1109 LATTA LANE ORLANDO, FL 32804			DO NOT WRITE IN THIS SPACE				
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered		Agent signature required when re	einstating)		DATE	3 N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Filing Fee is \$50.00 Due by May 1, 2006					20000011 1-20/85/4U	508805 30018-023	50.00
9.	MANAGING MEMBERS/MANAGERS	4.7					·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEISMAN, MYLES 2180 TERRACE BLVD. LONGWOOD, FL 32779				۳۱.		·
TITLE NAME STREET ADDRESS GITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
NAME STREET ADDRESS CITY-ST-ZIP		·		IN T	HIS SP	ACE	· •
TITLE NAME STREET ADDRESS CITY-ST-ZIP							77.493
TITLE NAME STREET ADDRESS CITY-ST-ZIP							u v V V V
11. I hereby of indicated limited lia	pertify that the information supplied with this filing does not given this report is true and accurate and that my signature shability company or the receiver or trustee empowered to execute the company of the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee.	ualify for the exe all have the same ute this report as	mptions contained in C e legal effect as if made required by Chapter 6	hapter 119, e under oat 08, Florida	Florida Statutes, I i h; that I am a mana Statutes.	further certify that aging member or	the information manager of the

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

04/13/06