


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000015358 1. Entry Name VIZCAYA GROVE LLC	
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Principal Place of Business 848 BRICKELL AVE. #1020 MIAMI FL 33131	Mailing Address 848 BRICKELL AVE. #1020 MIAMI FL 33131
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State		
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/05)

4. FEI Number **02-0690444** Applied For
 Not Applied

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**WARD, THOMAS
848 BRICKELL AVE STE 1020
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

1103000456163
03/16/06-80017-017 50.00

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add	
NAME	WARD, THOMAS			NAME			
STREET ADDRESS	655 SW 20 RD			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33129			CITY-ST-ZIP			
TITLE	MGRG	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add	
NAME	UTSET-WARD, LUISA			NAME			
STREET ADDRESS	655 SW 20 RD			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33129			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 609, Florida Statutes.

SIGNATURE: *Luisa M. Utset*

3/3/06 (305) 377-8004