
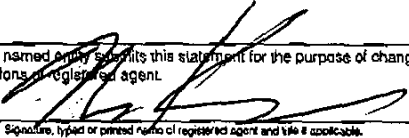
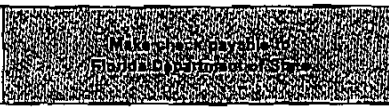
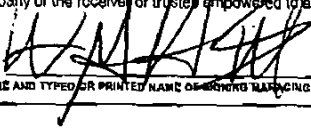


APR. 24. 2007 2:07PM LAWOFFICE

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90116 035 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

<b>DOCUMENT # L03000019523</b>			
1. Entity Name VICTORIA WOODS, LLC			
Principal Place of Business 1555 NE 35 STREET OAKLAND PARK, FL 33334		Mailing Address 1555 NE 35 STREET OAKLAND PARK, FL 33334	
2. Principal Place of Business - No P.O. Box # 932 NE 16 Avenue		3. Mailing Address 910 SE 17 Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Ste. 300	
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL	
Zip 33304	Country USA	Zip 33316	Country USA
4. FEI Number 11-3690936		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KIMMEY, MICHAEL 1555 NE 35TH STREET OAKLAND PARK, FL 33334		Name Kimney, Michael	
		Street Address (P.O. Box Number is Not Acceptable) 910 SE 17 Street, Ste. 300	
		City Fort Lauderdale	
		FL Zip Code 33316	
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, the registered agent.			
SIGNATURE 		Michael Kimney, Registered Agent	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when resigning)	
		DATE 4/24/07	
Filing Fee is \$50.00 Due by May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAHNE, WILLIAM G III 1555 NE 35 STREET OAKLAND PARK, FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Hahne, William G III 16 Island Avenue Miami Beach, FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		William G. Hahne, III, Managing Member	
SIGNATURE AND TYPED OR PRINTED NAME OF EACH MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE 4/24/07	

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04242007 Chg-LLC CR2E083 (12/06)

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