

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 22, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000027750 1. Entity Name VICTORIA SQUARE PARTNERS, LLC	
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Principal Place of Business C/O SHAUL RIKMAN 506 SOUTH DIXIE HIGHWAY HALLANDALE, FL 33009	Mailing Address C/O SHAUL RIKMAN 506 SOUTH DIXIE HIGHWAY HALLANDALE, FL 33009
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DO NOT WRITE IN THIS SPACE



01192005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 61-1454629	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARCUS, ALAN J
20803 BISCAYNE BOULEVARD STE.301
AVENTURA, FL 33180

**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 reinstating) DATE _____

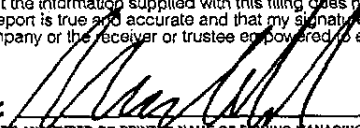
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RIKMAN, SHAUL 506 S. DIXIE HIGHWAY HALLANDALE, FL 33009
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03/22/05-611009-016 \$0.110

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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:  SHAULL RIKMAN 03/17/05 954-455-8822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #