2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000027750

1. Entity Name
VICTORIA SQUARE PARTNERS, LLC

Principal Place of Business	Mailing Address
C/O SHAUL RIKMAN 506 SOUTH DIXIE HIGHWAY HALLANDALE, FL 33009	C/O SHAUL RIKMAN 506 SOUTH DIXIE HIGHWAY HALLANDALE, FL 33009

DO NOT WRITE IN THIS SPACE

03312006 No Chg-LLC   CR2E063 (11/05)

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

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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_____

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, 2006

U00000433821
04/24/06-80044-014 50.00

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	RIKMAN, SHAUL	
STREET ADDRESS	506 S. DIXIE HIGHWAY	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
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CITY-ST-ZIP		

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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: _____ Shaul Rikman   04/01/06   (954) 455-2822

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