2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000027750

1. Entity Name
VICTORIA SQUARE PARTNERS, LLC



FILED Apr 07, 2008 08:00 A Secretary of State

Principal Place of Business

C/O SHAUL RIKMAN 506 SOUTH DIXIE HIGHWAY HALLANDALE, FL 33009

SIGNATURE

Mailing Address

C/O SHAUL RIKMAN 506 SOUTH DIXIE HIGHWAY HALLANDALE, FL 33009



02222008 No Chg-LLC

CR2E083 (12/07)

	<u> </u>
61-1454629	Not Applicable
4, FEI Number	Applied For

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 the obliga	named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or both	h, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
FILE After May	NOWI!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		U00000882674 04/16/03-80051-004 138.75
9.	MANAGING MEMBERS/MANAGERS		PURESTANCE LETER COMMON TOPON
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RIKMAN, SHAUL 506 S. DIXIE HIGHWAY HALLANDALE, FL 33009		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOTWRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

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.