2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Secretary of State DOCUMENT # L03000036487 1. Entity Name 03-22-2006 90291 014 ****50.00 VIZCAYA CONSULTANTS, LLC Mailing Address Principal Place of Business 1937 EAST ATLANTIC BLVD., STE. 12 1937 EAST ATLANTIC BLVD., STE. 12 POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 2. Principal Place of Business 3. Mailing Address CHANGE of Place of Business & Mailing Address. 1st MOORE CR2E083 (10/05) 2101 N Andrews Ave, Suite 107 Wilton Manors, FL 33311 Applied For 20-2924760 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BEESON, BLAKE Street Address (P.O. Box Number is Not Acceptable) 2101 N Andrews Ave, Suite 107 Wilton Manors, FL 33311 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. TITLE MGRM Delete TITLE ☐ Addition 2101 N Andrews Ave, Suite 107 NAME BEESON, MARY C NAME Wilton Manors, FL 33311 STREET ADDRESS 1937 E. ATLANTIC BLVD., SUITE 12 STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33060 CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Addition MGR 2101 N Andrews Ave, Suite 107 BEESON, JR, JAMES M Wilton Manors, FL 33311 STREET ADDRESS STREET ADDRESS 1937 E. ATLANTIC BLVD., SUITE 12 CITY-ST-ZIP POMPANO BEACH FL 33060 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE 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 mystee empowered to execute this report as required by Chapter 608, Florida Statutes.

MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

FILED

Mar 22, 2006 8:00 am