


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90157 007 ****50.00

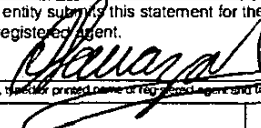
DOCUMENT # L04000017663	
1. Entity Name VICTORIA HOLDINGS, LLC	

Principal Place of Business 1835 MAIN ST, STE 101 WESTON, FL 33326	Mailing Address 1835 MAIN ST, STE 101 WESTON, FL 33326
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
URQUIOLA, JOAQUIN R GOLDSTEIN SCHECHTER PRICE LUCAS 2121 PONCE DE LEON BLVD, STE 1100 CORAL GABLES, FL 33134	

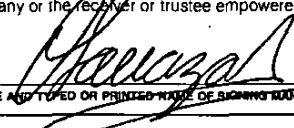
7. Name and Address of New Registered Agent	
Name LARRAZA, OSCAR Street Address (P.O. Box Number is Not Acceptable) 1835 MAIN ST., STE 101 City WESTON , FL Zip Code 33326	

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 	DATE 01/27/2005
<small>Signature, if other person (Name of Registered Agent and Title if applicable). (NOTE: Registered Agent signature required when re-registering)</small>	

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LARRAZA, OSCAR 1835 MAIN ST, STE 101 WESTON, FL 33326 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LARRAZA, MONICA 1835 MAIN ST, STE 101 WESTON, FL 33326 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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 Chapter 608, Florida Statutes.	
SIGNATURE: 	DATE 01/27/2005
<small>SIGNATURE AND TITLED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	



01272005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-0894650** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required