

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 27, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90320 016 \*\*\*138.75

<b>DOCUMENT # L04000062522</b>					
<b>1. Entity Name</b> VIZCAYA SCHOOL PROPERTIES LLC					
<b>Principal Place of Business</b> C/O IGNACIO G. ZULUETA, ESQ. 6255 BIRD ROAD MIAMI, FL 33155			<b>Mailing Address</b> C/O IGNACIO G. ZULUETA, ESQ. 6255 BIRD ROAD MIAMI, FL 33155		
<b>2. Principal Place of Business - No P.O. Box #</b> 6361 Sunset Dr		<b>3. Mailing Address</b> 6361 Sunset Dr		04032008    Chg-LLC    CR2E083 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>4. FEI Number</b> 22-3903236	
<b>City &amp; State</b> Miami, FL		<b>City &amp; State</b> Miami, FL		Applied For <input type="checkbox"/> Not Applicable	
<b>Zip</b> 33143		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  ATRIUM REGISTERED AGENCY, INC. 1500 SAN REMO AVENUE SUITE 125 CORAL GABLES, FL 33146			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing)    DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to Florida Department of State			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM ZULUETA, IGNACIO G 6255 BIRD ROAD MIAMI, FL 33155	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	6361 Sunset Dr Miami, FL 33143	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> _____			Date: 5/20/08    Daytime Phone # _____		