


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90255 014 \*\*\*\*50.00

<b>DOCUMENT # L05000026198</b>					
<b>1. Entity Name</b> VICRICAR, L.L.C.					
<b>Principal Place of Business</b> 5440 S.W. 59TH AVENUE MIAMI, FL 33155			<b>Mailing Address</b> 5440 S.W. 59TH AVENUE MIAMI, FL 33155		
<b>2. Principal Place of Business - No P.O. Box #</b> 351 NW 42 Avenue		<b>3. Mailing Address</b> PO Box 430735			
Suite, Apt. #, etc. Stc 305		Suite, Apt. #, etc.			
<b>City &amp; State</b> Miami FL		<b>City &amp; State</b> Miami FL		<b>4. FEI Number</b> 35-2249687	
<b>Zip</b> 33126		<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>  SUAREZ, FRANCIS X 300 SEVILLA AVENUE, SUITE 210 CORAL GABLES, FL 33134				<b>7. Name and Address of New Registered Agent</b> Name: <u>Teresa Lago</u> Street Address (P.O. Box Number is Not Acceptable): <u>351 NW 42 Avenue # 305</u> City: <u>Miami</u> <b>FL</b> Zip Code: <u>33126</u>	
<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: <u>Teresa Lago</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4/27/07</u>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAGO, TERESA 5440 S.W. 59TH AVENUE MIAMI, FL 33155 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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> <u>Teresa Lago</u>			Date: <u>4/27/07</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					