2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000038938

FILED Apr 30, 2006 Secretary of State

Entity Name: VISIONARY REAL ESTATE DEVELOPMENT GROUP, L.L.C.

Current Principal Place of Business: New Principal Place of Business:

4801 S. UNIVERSITY DRIVE, SUITE 102 4801 S. UNIVERSITY DRIVE, SUITE 219

FT. LAUDERDALE, FL 33328 FT. LAUDERDALE, FL 33328

Current Mailing Address: New Mailing Address:

4801 S. UNIVERSITY DRIVE, SUITE 102 4801 S. UNIVERSITY DRIVE, SUITE 219

FT. LAUDERDALE, FL 33328 FT. LAUDERDALE, FL 33328

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEWIS, VALERIE K LEWIS, VALERIE K

4801 S. UNIVERSITY DRIVE, SUITE 102 4801 S. UNIVERSITY DRIVE, SUITE 219 FT. LAUDERDALE, FL 33328 US FT. LAUDERDALE, FL 33328 US

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.

SIGNATURE: 04/30/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name: LEWIS, VALERIE K Name: LEWIS, VALERIE K

Address: 4801 S. UNIVERSITY DRIVE, SUITE 102 Address: 4801 S. UNIVERSITY DRIVE, SUITE 219

City-St-Zip: FT. LAUDERDALE, FL 33328 City-St-Zip: FT. LAUDERDALE, FL 33328

Title: MGRM () Delete Title: () Change () Addition Name: HAYWOOD, ARLENE E Name:

 Name:
 HAYWOOD, ARLENE E
 Name:

 Address:
 4100 SOUTH HOSPITAL DRIVE, SUITE 302
 Address:

 City-St-Zip:
 PLANTATION, FL 33317
 City-St-Zip:

Title: MGRM (X) Delete Title: () Change () Addition

 Name:
 KIFFIN, IRVIN A
 Name:

 Address:
 1441 TRELLIS LANE
 Address:

 City-St-Zip:
 PEMBROKE PINES, FL 33024
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

SIGNATURE: VALERIE KIFFIN LEWIS MGRM 04/30/2006

or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.