
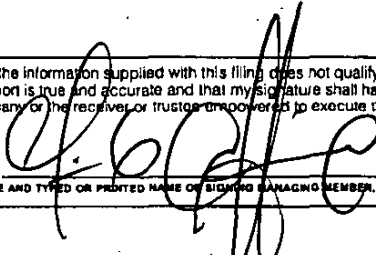


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90222 046 \*\*\*\*50.00

<b>DOCUMENT # L05000059468</b>			
1. Entity Name <b>VIZCAYA HOLDINGS, LLC</b>			
Principal Place of Business <b>602 SW 15 STREET FORT LAUDERDALE, FL 33315</b>		Mailing Address <b>602 SW 15 STREET FORT LAUDERDALE, FL 33315</b>	
2. Principal Place of Business <b>608 SW 4th Avenue</b>		3. Mailing Address <b>608 SW 4th Avenue</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Ft. Lauderdale, Florida</b>		City & State <b>Ft. Lauderdale, FL</b>	
Zip <b>33315</b>	Country <b>USA</b>	Zip <b>33315</b>	Country <b>USA</b>
4. FEI Number <b>20-2996513</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CUFFIA, GIANCARLO 602 SW 15 STREET FORT LAUDERDALE, FL 33315</b>		7. Name and Address of New Registered Agent <b>Cuffia, Giancarlo 608 SW 4th Avenue Ft. Lauderdale FL 33315</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.			
SIGNATURE _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CUFFIA, GIANCARLO 602 SW 15 STREET FORT LAUDERDALE, FL 33315 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Cuffia, Giancarlo 608 SW 4th Avenue Ft. Lauderdale, FL 33315 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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.			
SIGNATURE: 		Date: <b>March 14/06</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

30002775



02092006 Chg-LLC CR2E083 (11/05)

954-522438  
Ext 214



ATTACHMENT

30602775

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 3, 2006

VIZCAYA HOLDINGS, LLC  
608 SW 4TH AVE  
FORT LAUDERDALE, FL 33315

Subject: VIZCAYA HOLDINGS, LLC

Reference Number: L05000059468

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

✓ The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/mh

ANNUAL REPORTS SECTION