


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90267 001 *****5.00
 04-03-2006 90267 002 *****50.00

DOCUMENT # L05000063829

1. Entity Name
THE VIZCAYANS, LLC



Principal Place of Business
**3251 SOUTH MIAMI AVENUE
 MIAMI, FL 33129**

Mailing Address
**3251 SOUTH MIAMI AVENUE
 MIAMI, FL 33129**

30004089



2. Principal Place of Business
1111 Brickell Ave.

3. Mailing Address
1111 Brickell Ave.

Suite, Apt. #, etc.
Suite 2300

Suite, Apt. #, etc.
Suite 2300

City & State
Miami, FL

City & State
Miami, FL

Zip
33131

Country

Zip
33131

Country

03312006 Chg-LLC CR2E083 (11/05)

4. FEI Number **59-0908711** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**HOFFMAN, JOEL M
 EXECUTIVE DIRECTOR, VIZGAYA MUSEUM AND GARDEN
 3251 SOUTH MIAMI AVENUE
 MIAMI, FL 33129**

7. Name and Address of New Registered Agent
 Name **John A. Hinson**
 Street Address (P.O. Box Number is Not Acceptable)
1111 Brickell Ave., Suite 2300
 City **Miami** FL Zip Code **33131**

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  **John A. Hinson** DATE **3/31/2006**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 HOFFMAN, JOEL M 3251 SOUTH MIAMI AVENUE MIAMI, FL 33129 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Summers, Lynn M. 5807 SW 82nd Street Miami, FL 33143 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR IRMA REBOSO SOLARES 777 BRICKELL AVENUE, SUITE 500 MIAMI, FL 33131 <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	MGR HINSON, JOHN A 1111 BRICKELL AVENUE, SUITE 2300 MIAMI, FL 33131 <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 **3/31/2006** DAYTIME PHONE # **(305) 379-1200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

John A. Hinson, Manager