


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000063829</b> 1. Entity Name <b>THE VIZCAYANS, LLC</b>	
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Principal Place of Business <b>1111 BRICKELL AVE SUITE 2300 MIAMI, FL 33131</b>	Mailing Address <b>1111 BRICKELL AVE SUITE 2300 MIAMI, FL 33131</b>
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**DO NOT WRITE IN THIS SPACE**



01292007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>59-0908711</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**HINSON, JOHN A  
1111 BRICKELL AVE  
SUITE 2300  
MIAMI, FL 33131**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

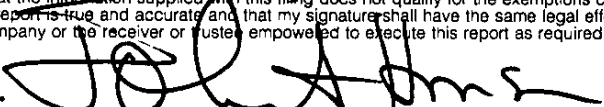
**Filing Fee is \$50.00  
Due by May 1, 2007**

000000613451  
02/08/07-80073-007 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SUMMERS, LYNN M 5807 SW 82ND ST MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR IRMA REBOSO SOLARES 777 BRICKELL AVENUE, SUITE 500 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HINSON, JOHN A 1111 BRICKELL AVENUE, SUITE 2300 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied in 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:**       **1/30/2007 (305)379-1200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

John A. Hinson