2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000063829

1. Entity Name
THE VIZCAYANS, LLC

Principal Place of Business	Mailing Address
1111 BRICKELL AVE SUITE 2300 MIAMI, FL 33131	1111 BRICKELL AVE SUITE 2300 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

01292007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
59-0908711	Not Applicable

5. Certificate of Status Desired   ☒   **$5.00** 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_____

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

Filing Fee is $50.00
Due by May 1, 2007

U00000619451
02/08/07-80073-007 55.00

9.   MANAGING MEMBERS/MANAGERS

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

DO NOT WRITE IN THIS SPACE

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: _____ 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