

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000079130

FILED
Jun 23, 2009
Secretary of State**Entity Name:** VIZCAYA AT FLORIDA CITY, LLC**Current Principal Place of Business:**10800 SW 139 RD
MIAMI, FL 33176**New Principal Place of Business:****Current Mailing Address:**10800 SW 139 RD
MIAMI, FL 33176**New Mailing Address:****FEI Number:** 20-3529021**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MIYAR, RAMON
10800 SW 139 RD
MIAMI, FL 33176 US**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent_____
Date**MANAGING MEMBERS/MANAGERS:**Title: MGR () Delete
Name: LOPEZ, JOSE E
Address: 14021 SW 143 CT # 6
City-St-Zip: MIAMI, FL 33186Title: MGR () Delete
Name: DAGER, RICARDO
Address: 14021 SW 143 CT #6
City-St-Zip: MIAMI, FL 33186Title: MGR (X) Delete
Name: MIYAR, RAMON
Address: 10800 SW 139 ROAD
City-St-Zip: MIAMI, FL 33176**ADDITIONS/CHANGES:**Title: MGR (X) Change () Addition
Name: MIYAR, RAMON
Address: 10800 SW 139 TH ROAD
City-St-Zip: MIAMI, FL 33176Title: MGR (X) Change () Addition
Name: MORENO-MIYAR, PILAR
Address: 10800 SW 139TH ROAD
City-St-Zip: MIAMI, FL 33176Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RAMON MIYAR

MGR

06/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date