2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 08, 2007 8:00 am
Secretary of State
02-12-2007 90303 017 ****50.00

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1. Entity Name
THE VIZCAYA, LLC

Principal Place of Business	Mailing Address
735 WHISPER WOODS DRIVE LAKELAND, FL 33813 US	P.O. BOX 7266 LAKELAND, FL 33807 US

01292007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5151 South Lakeland Dr.	
Suite, Apt. #, etc. Suite 8	Suite, Apt. #, etc.
City & State Lakeland, FL	City & State
Zip / Country 33813 / Polk	Zip / Country

4. FEI Number 20-4261443 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LASMAN LAW FIRM, P.A. 6152 DELANCEY STATION STREET SUITE 205 RIVERVIEW, FL 33569	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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
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, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM STANGL, ALEJANDRO R 735 WHISPER WOODS DRIVE LAKELAND, FL 33813	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5151 South Lakeland Drive Lakeland, FL 33813	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM OLIVERA, FELIPE L 735 WHISPER WOODS DRIVE LAKELAND, FL 33813	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5151 South Lakeland Drive Lakeland, FL 33813	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Felipe L. Olivera 1/31/07 559-7948
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #