

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90132 032 \*\*\*\*50.00

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<b>DOCUMENT # L06000076979</b> 1. Entity Name <b>VICDAR PROPERTIES LLC</b>					
Principal Place of Business <b>18545 SW 24 ST</b> <b>MIRAMAR, FL 33029 US</b>			Mailing Address <b>18545 SW 24 ST</b> <b>MIRAMAR, FL 33029 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>PO Box 31-0879</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Miami FL</b>		4. FEI Number <b>20-5319125</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5:00 Additional Fee Required</b>	
Zip		Country		6. Name and Address of Current Registered Agent	
Zip		Country		7. Name and Address of New Registered Agent	
SANCHEZ, ERNESTO 18545 SW 24 ST MIRAMAR, FL 33029				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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SANCHEZ, ERNESTO 18545 SW 24 ST MIRAMAR, FL 33029	<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	MGRM SANCHEZ, CONSUELO 18545 SW 24 ST MIRAMAR, FL 33029	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.					
<b>SIGNATURE:</b> <b>MGRM</b> <b>1/16/07</b> <b>305-858-5652</b>					
SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					