## **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

DOCUMENT # L06000076979  1. Entity Name VICDAR PROPERTIES LLC					01-19-2007 90132 032 ****50.00				
Principal Place 18545 SW 2 MIRAMAR, FI		Mailing Address 18545 SW 24 ST MIRAMAR, FL 33029	US		6000	4193			
2. Principal Place of Business - No P.O. Box #		Mailing Address O SO Y 31-0879							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01162007	Chg-LLC	CR2E083 (1	2/06)		
City & State		City & State		4. FEI Numbe		35	_	plied For	
Zip	Country	33231	Country	5. Certificate	of Status Desired		O Add		
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New R	tegistered Agent			
SANCHEZ, ERNESTO				Name					
18545 SW 24 ST			Street Address	Street Address (P.O. Box Number is Not Acceptable)					
			City			<b>₽</b> i Z	ip Code	9	
8. The above	named entity submits this statement for	r the purpose of changing its re	enistered office or regist	ered agent or both	h in the State of Ele		•		
the obligat	tions of registered agent.	the perpose of changing its re	sgistered office of regist	ered agent, or bott	ii, iii tile State Of Fit	onoa. Familianiilia	ar with, a	апо ассері	
SIGNATURE .									
	Signature, typed or printed name of registered agent a								
	2 - 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -	and dual is applicable. (AQTC F	Registered Agent signature requir	ed when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE			
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Fi D	iling Fee is \$50.00		10.	ed when reinstating)		e check payab a Department o			
9.	iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE MGRM			ed when reinstating)	Florida	e check payab a Department of CHANGES		Addition	
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11. Thereby 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 regions or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

COR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/16/07

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