2007 LIMITED LIABILITY COMPANY

Feb 28, 2007 8:00 am ANNUAL REPORT Secretary of State **DOCUMENT # L06000116929** 02-28-2007 90148 021 ****50.00 VICTÓRIA VILLAGE PARTNERS LLC Principal Place of Business Mailing Address 60019780 75 NE 6TH AVENUE 75 NE 6TH AVENUE SUITE 103 **SUITE 103** DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02202007 Chg-LLC CR2E083 (12/06) 4. FEI Number Applied For City & State City & State Not Applicable 20-8016265 Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEINSTEIN, NORMAN S Street Address (P.O. Box Number is Not Acceptable) 75 NE 6TH AVENUE **SUITE 103** DELRAY BEACH, FL 33483 Zip Code FL 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 reinstaling) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME STATESIDE CAPITAL CORP. NAME 75 NE 6TH AVENUE, SUITE 103 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33483 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Defete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FITLE □ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP

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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

Norman S. Weinstein

2/21/07

561-278-9292

Daytime Phone #

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