2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# L08000048689

Entity Name: VISCAYA, LOWELL & HAYWOOD, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
3613 DELPRADO BLVD 2ND FLOOR, SUITE A CAPE CORAL, FL 33904	

Current Mailing Address:	**New Mailing Address:**
P O BOX 101526 CAPE CORAL, FL 33910	

FEI Number: 65-0468798   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
HAYWOOD, STEPHEN W 3613 DELPRADO BLVD CAPE CORAL, FL 33904 US	HAYWOOD, STEPHEN W 3613 DELPRADO BLVD SUITE A, SECOND FLOOR CAPE CORAL, FL 33904 US

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: STEPHEN W HAYWOOD   01/30/2009
_____
Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	HAYWOOD, STEPHEN W	Name:	HAYWOOD, STEPHEN W
Address:	3613 DELPRADO BLVD	Address:	3613 DELPRADO BLVD, 2ND FL. STE A
City-St-Zip:	CAPE CORAL, FL 33904	City-St-Zip:	CAPE CORAL, FL 33904
Title:	MGR ( ) Delete	Title:	( ) Change ( ) Addition
Name:	LOWELL, HARRY M	Name:	
Address:	12995 S CLEVELAND AVENUE, PBS 34	Address:	
City-St-Zip:	FORT MYERS, FL 33907	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: STEPHEN W HAYWOOD   MGRM   01/30/2009
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date