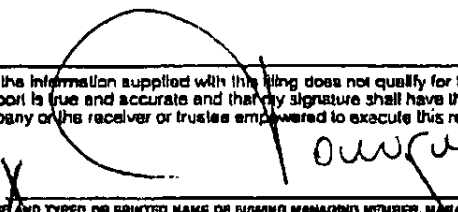


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90072 042 ****50.00

DOCUMENT # M01000001171					
1. Entity Name VISIONARIA VENTURE CAPITAL LLC					
Principal Place of Business C/O VISIONARIA CAPITAL PARTNERS LLC 20801 BISCAYNE BLVD AVENTURA FL 33180			Mailing Address C/O VISIONARIA CAPITAL PARTNERS LLC 20801 BISCAYNE BLVD AVENTURA FL 33180		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1063283	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			7. Name and Address of New Registered Agent		
			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 renewing) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 8, 2004					
9. MANAGING MEMBERS / MANAGERS					
TITLE	NAME		STREET ADDRESS		
	CITY - ST - ZIP				
	Delete ☐				
TITLE	NAME		STREET ADDRESS		
	CITY - ST - ZIP				
	Delete ☐				
TITLE	NAME		STREET ADDRESS		
	CITY - ST - ZIP				
	Delete ☐				
TITLE	NAME		STREET ADDRESS		
	CITY - ST - ZIP				
	Delete ☐				
TITLE	NAME		STREET ADDRESS		
	CITY - ST - ZIP				
	Delete ☐				
TITLE	NAME		STREET ADDRESS		
	CITY - ST - ZIP				
	Delete ☐				
10. ADDITIONS / CHANGES					
Change ☐ Addition ☐					
Change ☐ Addition ☐					
Change ☐ Addition ☐					
Change ☐ Addition ☐					
Change ☐ Addition ☐					
Change ☐ Addition ☐					
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					