

01/17/2007 14:05

Accounting

(FAX) 3057574465

P. 001/006

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2007 08:00 AM
Secretary of State

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 13040 S.W. 56TH TERRACE MIAMI, FL 33183
---	---

U000000599686
01/25/07-80037-018 55.00



DO NOT WRITE IN THIS SPACE

01172007 No Chg-LLC

CR2E083 (11/05)

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	DO NOT WRITE IN THIS SPACE
--	-----------------------------------

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 reinstating)

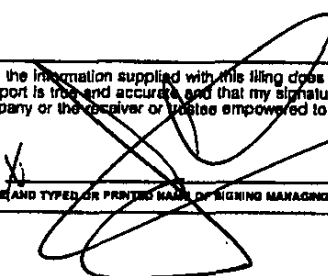
DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VISIONARIA CAPITAL PARTNERS LLC 20801 BISCAYNE BLVD AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: 

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

Date

Debra Phone #

1/17/07

30-932-1912