

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 13, 2006 08:00 AM
Secretary of State

DOCUMENT # M01000001534

1. Entity Name
VISIONARIA CAPITAL PARTNERS LLC



Principal Place of Business
**20801 BISCAYNE BLVD., SUITE 403
AVENTURA, FL 33180**

Mailing Address
**13040 S.W. 56TH TERRACE
MIAMI, FL 33183**

DO NOT WRITE IN THIS SPACE



03302006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
65-1060847

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CAREAGA, JAVIER
20801 BISCAYNE BLVD., SUITE 403
AVENTURA, FL 33180**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GARCIA-MOROS, BLAS
20801 BISCAYNE BLVD., SUITE 403
AVENTURA, FL 33180**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PERALES, ALONSO
20801 BISCAYNE BLVD., SUITE 403
AVENTURA, FL 33180**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000567158
06/13/06-80006-008 55.00

**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

3/3/06

Date

Daytime Phone #