
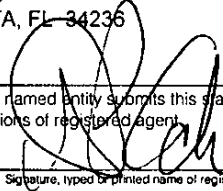
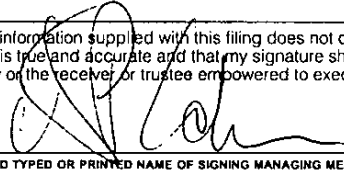


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 10, 2007 8:00 am**  
**Secretary of State**

04-10-2007 90082 023 \*\*\*\*55.00

DOCUMENT # M05000002246					
1. Entity Name VIZCAYA HOMES, LLC					
Principal Place of Business 1520 ROYAL PALM SQUARE BLVD SUITE 210 FT MYERS, FL 33919		Mailing Address 1520 ROYAL PALM SQUARE BLVD SUITE 210 FT MYERS, FL 33919			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-2673488	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
NORTON, SAM D 1819 MAIN STREET SUITE 610 SARASOTA, FL 34236		Name <u>Steven P. Adler</u>			
		Street Address (P.O. Box Number is Not Acceptable) <u>1520 Royal Palm Square Blvd Suite #210</u>			
		City <u>Fort Myers</u>		FL Zip Code <u>33919</u>	
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 		Steven P. Adler Authorized Rep. 1/17/07			
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		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RUBIN, DAVID C	NAME			
STREET ADDRESS	640 N. OLD WOODWARD	STREET ADDRESS	<u>31000 Northwestern Hwy. #220</u>		
CITY-ST-ZIP	BIRMINGHAM, MI 48009	CITY-ST-ZIP	<u>Farmington Hills, MI 48334</u>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 		Steven P. Adler Authorized Rep. 1/17/07			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #			