

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064325

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: BISCAYNE 1601 LLC

**Current Principal Place of Business:**

14269 DELJEAN CIRCLE  
ORLANDO, FL 32828

**New Principal Place of Business:**

**Current Mailing Address:**

14269 DELJEAN CIRCLE  
ORLANDO, FL 32828

**New Mailing Address:**

FEI Number: 20-1558613

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LE, TAMVAN T  
14269 DELJEAN CIRCLE  
ORLANDO, FL 32828 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LE, TAMVAN T  
Address: 14269 DELJEAN CIRCLE  
City-St-Zip: ORLANDO, FL 32828

Title: MGRM ( ) Delete  
Name: NGUYEN, HUNG T  
Address: 2305 BUCKINGHAM RUN COURT  
City-St-Zip: ORLANDO, FL 32828

Title: MGR ( ) Delete  
Name: CRAWFORD, WILLIAM T  
Address: 2977 SUNNY BROOK LANE  
City-St-Zip: CHINO HILLS, CA 91709

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: TAM VAN LE

MGRM

04/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date