

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
May 02, 2007  
Secretary of State**

**DOCUMENT#** L05000010649

**Entity Name:** 900 BISCAYNE BAY 5806/08, LLC

**Current Principal Place of Business:**

C/O 785 CRANDON BLVD., SUITE 602  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

C/O 1200 BRICKELL AVENUE, SUITE 900  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:**  **FEI Number Applied For ( )**  **FEI Number Not Applicable (X)**  **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

AGI REGISTERED AGENTS, INC.  
1200 BRICKELL AVENUE, SUITE 900  
MIAMI, FL 33131 US

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:**

**ADDITIONS/CHANGES:**

Title: MGR  Delete  
Name: DEFORTUNA, MONICA  
Address: 785 CRANDON BLVD., SUITE 602  
City-St-Zip: KEY BISCAYNE, FL 33149

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

Title: MGR  Delete  
Name: DEFORTUNA, STELLA  
Address: 785 CRANDON BLVD., SUITE 602  
City-St-Zip: KEY BISCAYNE, FL 33149

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: MONICA DEFORTUNA

MGR

05/02/2007

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