


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90141 001 ***100.00

DOCUMENT # L05000056092	
1. Entity Name 2121 BISCAYNE BOULEVARD MANAGER LLC	

Principal Place of Business C/O GREENBERG TRAUIG//ATTN: S. LANDY 1221 BRICKELL AVE. MIAMI, FL 33131	Mailing Address C/O GREENBERG TRAUIG//ATTN: S. LANDY 1221 BRICKELL AVE. MIAMI, FL 33131
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2. Principal Place of Business 150 ALHAMBRA CIRCLE Suite, Apt. #, etc. SUITE 800	3. Mailing Address 150 ALHAMBRA CIRCLE Suite, Apt. #, etc. SUITE 800
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City & State CORAL GABLES, FLORIDA	City & State CORAL GABLES, FLORIDA
Zip 33134	Country USA

6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301	
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7. Name and Address of New Registered Agent Name MICHAEL KATZ Street Address (P.O. Box Number is Not Acceptable) 150 ALHAMBRA CIRCLE SUITE 800 City CORAL GABLES FL Zip Code 33134	
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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 obligation of registered agent.	
SIGNATURE <i>Michael Katz</i> Signature, typed or printed name of registered agent and title if applicable.	DATE <i>4/05/06</i> (If not: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MICHAEL KATZ 150 ALHAMBRA CIRCLE, STE. 800 CORAL GABLES, FLORIDA 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Michael Katz</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date <i>4/05/06</i>	Daytime Phone # <i>305-476-0955</i>
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