

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 06, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000119162**

1. Entity Name  
**S & S BISCAYNE BEST, LLC**



Principal Place of Business  
**8501 S.W. 184TH ST.  
 MIAMI, FL 33157**

Mailing Address  
**8501 S.W. 184TH ST.  
 MIAMI, FL 33157**



01302008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-4133808</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CASTRO, FRANK  
 8501 S.W. 184TH ST.  
 MIAMI, FL 33157**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75  
 After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR CASTRO, ALBIO 8501 S.W. 184TH ST. MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM S & S HOLDINGS GROUP, LLC 8501 S.W. 184TH ST. MIAMI, FL 33157
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U00000817070  
 02/14/08-80078-015 138.75

**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: *Albio Castro* MGR DATE *2-4-08* *305.2477170*