2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000006220

1. Entity Name
OLD BISCAYNE VILLAS,, LLC

Principal Place of Business	Mailing Address
3450 WEST 84 STREET, #201 HIALEAH, FL 33018	3450 WEST 84 STREET, #201 HIALEAH, FL 33018

DO NOT WRITE IN THIS SPACE

02142005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
02-0680160	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GRAVERAN, NELSON
3450 WEST 84 STREET, #201
HIALEAH, FL 33018

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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 obligations of registered agent.

SIGNATURE_____
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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GRAVERAN, NELSON
STREET ADDRESS	3450 WEST 84 STREET, #201
CITY-ST-ZIP	HIALEAH GARDENS, FL 33018
TITLE	MGR
NAME	RODRIGUEZ, LUIS M
STREET ADDRESS	3450 WEST 84 STREET, #201
CITY-ST-ZIP	HIALEAH GARDENS, FL 33018
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000269134
03/18/05-80072-001 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____   2/24/05   3055537253

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #