

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000040018

FILED
Apr 25, 2005
Secretary of State

Entity Name: BISCAYNE VILLAGE CONDOMINIUM, L.L.C.

Current Principal Place of Business:

TURNBERRY PLAZA, STE. 801
2875 NE 191ST ST.
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

501 GOLDEN ISLES DRIVE
206-B
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 52-2437565

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SERBER, DANIEL J ESQ
TURNBERRY PLAZA, STE. 801
2875 NE 191ST ST.
AVENTURA, FL 33180 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/MEMBERS:

Title: D () Delete
Name: SUTTON, SALOMAN
Address: 501 GOLDEN ISLES DRIVE SUITE 206-B
City-St-Zip: HALLANDALE, FL 33009

Title: D () Delete
Name: LANIADO, SAUL
Address: 501 GOLDEN ISLES DRIVE SUITE 206-B
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SUTTON, SALOMON
Address: 501 GOLDEN ISLES DRIVE SUITE 206-B
City-St-Zip: HALLANDALE, FL 33009

Title: MGRM (X) Change () Addition
Name: LANIADO, SAUL
Address: 501 GOLDEN ISLES DRIVE SUITE 206-B
City-St-Zip: HALLANDALE, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SALOMON SUTTON

MGRM

04/25/2005

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