

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90214 035 \*\*\*\*50.00

**DOCUMENT # L03000038404**

1. Entity Name  
900 BISCAVNE, LLC



Principal Place of Business  
1200 BRICKELL AVE., STE. 1840  
MIAMI, FL 33131

Mailing Address  
1200 BRICKELL AVE., STE. 1840  
MIAMI, FL 33131

**DO NOT WRITE IN THIS SPACE**



03202006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
06-1711874

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

ONETTO, RAIMUNDO  
1200 BRICKELL AVE., STE. 1840  
MIAMI, FL 33131

**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 \_\_\_\_\_

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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME TERRA-ARCHIPLAN 900 MANAGEMENT, LLC  
STREET ADDRESS 1200 BRICKELL AVE., STE. 1840  
CITY-ST-ZIP MIAMI, FL 33131

TITLE  
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CITY-ST-ZIP

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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Pedro A. Martin* 3-28-06

305-416-4556