2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# L05000002513

Entity Name: 906 BISCAYNE BAY, LLC

Current Principal Place of Business:

150 SE 2ND AVENUE, SUITE 1010
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

150 SE 2ND AVENUE, SUITE 1010
MIAMI, FL 33131

New Mailing Address:

FEI Number: 55-0890073 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOLOGNA, STEFANIA ESQ
150 SE 2ND AVENUE, SUITE 1010
MIAMI, FL 33131 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/MANAGERS:

Title: MGR ( ) Delete
Name: TOCI, ALESSANDRO
Address: 5161 COLLINS AVENUE SUITE 1512
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGR ( ) Delete
Name: DE BENEDICTIS, ALBERTO
Address: C/O 5161 COLLINS AVENUE SUITE 1512
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGR ( ) Delete
Name: BERDOUARE, ALAIN
Address: 28 W DILIDO DRIVE
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ALESSANDRO TOCI MGR 04/30/2007

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