2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

DOCUMENT # L06000055119

1. Entity Name

5900 BISCAYNE BOULEVARD, LLC



Principal Place of Business

10575 N.W. 43RD TERRACE DORAL, FL 33178 Mailing Address

10575 N.W. 43RD TERRACE DORAL, FL 33178

FILED Jan 10, 2008 8:00 am Secretary of State

01-10-2008 90022 013 ***138.75

PAAAAAA



01072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5001743

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

BRENNAN, MANNA & DIAMOND, Pt. Bruhmalewari, Just 76 SOUTH LAURA STREET 10579 NW 43rd Terrace JACKSONVILLE FL 22202 Many, FI. 33178

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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
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	BRAHMATEWARI, JUST	
STREET ADDRESS	10575 N.W. 43RD TERRACE	
CITY-ST-ZIP	DORAL, FL 33178	
TITLE		
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11. I hereby certify that the information supplied with this filing does not quality 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.		

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 Fiorida. I am familiar with, and accept