

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # K31530 1. Entity Name BISCAYNE HOTEL CORPORATION			
Principal Place of Business 2861 REYNOLDS DRIVE FT. PIERCE, FL 34945		Mailing Address 11101 S CROWN WAY SUITE #1 WELLINGTON, FL 33414	
DO NOT WRITE IN THIS SPACE			
		01142004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0189270	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEEMON, CHARLES L III 11101 S CROWN WAY SUITE #1 WELLINGTON, FL 33414		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE UN000000090A7 01/20/04-80091-009 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEEMON, CHARLES L III 15850 BRITTEN LANE WELLINGTON, FL 33414		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEEMON, LINDA L 15850 BRITTEN LANE WELLINGTON, FL 33414		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEEMON, EDWARD C 15950 BRITTEN LANE WELLINGTON, FL 33414		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Linda L Leemon</i> Linda L Leemon, Sec.		Date 1/14/04 Daytime Phone # 561-753-9999	