2002 UNIFORM BUSINESS REPORT (UBR)

Apr 04, 2002 8:00 am Secretary of State DOCUMENT # L0100004370 Entity New Name: 04-04-2002 90086 015 ****50.00 BISCAYNE 1, L.L.C. / 111 NE 40th ST LLC. Principal Place of Business Mailing Address 3930 N.E. SECOND AVE. 3930 N.E. SECOND AVE. MIAMI FL 33137 MIAMI FL 33137 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-1111990 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Juan LICKSTEIN, FRED K ESQ. Street Address (P.O. Box Number is Not Acceptable) 100 S.E. 2ND STEET 17TH FLOOR **MIAMI FL 33131** 2550 SW 8+4 Street Miami 8. The above named entity submits this statement for the purpose of changing its registered of registered agent, or both, in the State of Florida. 3-29-02 juau E. Radriguez FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change 🕵 Addition Zalveth Roser NAME NAME 30 NE ZUE AUPHUP STREET ADDRESS STREET ADDRESS FL 33137 mami. CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Managing Wember ☐ Change Addition TITLE Neil Rosen 3930 NE 2nd Avenue NAME NAME STREET ADDRESS STREET ADDRESS Miauri, FL 33137 CITY-ST-ZIP CITY-ST-ZIP managing wember Elizabeth Rogers TITLE ☐ Change **X** Addition ☐ Delete TITLE NAME NAME 3930 NE 2nd Avenue STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FL 33137 Miaui, ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

11. 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 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.

CITY-ST-ZIP

SIGNATURE.

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

CITY-ST-ZIP

305-576-5900

FILED