2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE

FILED Apr 18, 2007 08:00 AM Secretary of State DOCUMENT # L01000004371 1. Entity Namo 3886 - 3898 BISCAYNE, LLC Principal Place of Business Mailing Address 3930 N.E. SECOND AVE. MIAMI FL 33137 3930 N.E. SECOND AVE. MIAMI FL 33137 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 65-1111992 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODRIGUEZ, JUAN E Street Address (P.O. Box Number is Not Acceptable) 80 SW 9TH STREET **SUITE 2550 MIAMI FL 33130** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registored again and little if applicable. (NOTE; Registered Agent signature required when re-instating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES HILE **MGRM** ☐ Delete HILE Change ■ Addition ROSEN, NEIL NAME NAME U00000713916 STREET ADDRESS 3930 NE 2ND AVENUE STRUCT ADDRESS 04/27/07-80002-019 50.00 CITY-ST-ZIP MIAMI FL 33137 CITY-ST-ZIP ШŒ Delete **MGRM** HILE □ Change ■ Addition NAME ROSEN, ELIZABETH STREET ADORESS 3930 NE 2ND AVENUE STREET ADDRESS CITY ST-ZIP **MIAMI FL 33137** CITY-ST-ZIP THE Deleic Change ☐ Addition NAME STRUET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-7/P ☐ Deleie ☐ Change TITLE Addition NAME STREET ADORESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TIDE Delete THILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delele THILE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-7IF 11. I horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.