

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90612 021 ****50.00

DOCUMENT # L01000004371



1. Entity Name
3886 - 3898 BISCAYNE, 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.

City & State City & State

Zip Country Zip Country

4. FEI Number: **65-111992** Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, JUAN E
80 SW 9TH STREET
SUITE 2550
MIAMI FL 33130

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM Delete
NAME **ROGEN, NEIL**
STREET ADDRESS **3930 NE 2ND AVENUE**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE MGRM Change Addition
NAME **ROSEN NEIL**
STREET ADDRESS **3930 NE 2nd AVENUE**
CITY-ST-ZIP **MIAMI, FL 33137**

TITLE MGRM Delete
NAME **ROGEN, ELIZABETH**
STREET ADDRESS **3930 NE 2ND AVENUE**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE MGRM Change Addition
NAME **ROSEN ELIZABETH**
STREET ADDRESS **3930 N E 2nd AVENUE**
CITY-ST-ZIP **MIAMI, FL 33137**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: *[Signature]* **mgem** **4/2/03** **305-576-5900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)