

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90071 044 ****50.00

DOCUMENT # L01000019259					
1. Entity Name BISCAYNE VENTURE, L.C.					
Principal Place of Business 1132 KANE CONCOURSE LEVEL TWO BAY HARBOR ISLAND, FL 33154			Mailing Address 1132 KANE CONCOURSE LEVEL TWO BAY HARBOR ISLAND, FL 33154		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01052005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 01-0578702				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CASTRO, CARLOS ALBERTO ESQ. 1200 BRICKELL AVE. SUITE 1440 MIAMI, FL 33131			Name Juan A. Figueroa, P.A., C.P.A. Street Address (P.O. Box Number is Not Acceptable) 1428 Brickell Avenue, Suite 206 City Miami FL Zip Code 33151		
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 <input checked="" type="checkbox"/> <i>[Signature]</i> DATE <input checked="" type="checkbox"/> 1/10/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM NAME ADMINISTRACIONES J.M. S. DE R.L. DE C.V. STREET ADDRESS 1132 KANE CONCOURSE CITY-ST-ZIP BAY HARBOR ISLAND, FL 33154	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME ZONZNI, ABRAHAM MEMUN STREET ADDRESS 1132 KANE CONCOURSE CITY-ST-ZIP BAY HARBOR ISLAND, FL 33154	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME KIBRIT, SIMON SALAME STREET ADDRESS 1132 KANE CONCOURSE CITY-ST-ZIP BAY HARBOR ISLAND, FL 33154	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME ROMANO, SIMON STREET ADDRESS 1132 KANE CONCOURSE CITY-ST-ZIP BAY HARBOR ISLAND, FL 33154	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: X <i>[Signature]</i>			ABRAHAM MEMUN 01/25/05 305 8651929		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

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