

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000019259

Entity Name: BISCAYNE VENTURE, L.C.

FILED  
Nov 19, 2007  
Secretary of State

**Current Principal Place of Business:**

10650 NW 29TH TERRACE  
DORAL, FL 33172

**New Principal Place of Business:**

216 SW 12 AVENUE  
MIAMI, FL 33130

**Current Mailing Address:**

10650 NW 29TH TERRACE  
DORAL, FL 33172

**New Mailing Address:**

PO BOX 351210  
MIAMI, FL 33135

FEI Number: 01-0578702

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FIGUEROA, JUAN A PA, CPA  
1428 BRICKELL AVE  
SUITE 206  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: JUAN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ADMINISTRACIONES, SR,  
Address: 1132 KANE CONCOURSE  
City-St-Zip: BAY HARBOR ISLAND, FL 33154

Title: MGRM ( ) Delete  
Name: ZONZNZ, ABRAHAM MEMUN  
Address: 1132 KANE CONCOURSE  
City-St-Zip: BAY HARBOR ISLAND, FL 33154

Title: MGRM ( ) Delete  
Name: KIBRIT, SIMON SALAME  
Address: 1132 KANE CONCOURSE  
City-St-Zip: BAY HARBOR ISLAND, FL 33154

Title: MGRM ( ) Delete  
Name: ROMANO, SIMON  
Address: 1132 KANE CONCOURSE  
City-St-Zip: BAY HARBOR ISLAND, FL 33154

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ABRAHAM MEMUN

MGR

11/19/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date