2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000019259

1. Entity Name

BISCAYNE VENTURE, L.C.

Principal Place of Business	Mailing Address
1132 KANE CONCOURSE LEVEL TWO BAY HARBOR ISLAND FL 33154	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

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **01-0578702** | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent

CASTRO, CARLOS ALBERTO ESQ.
1200 BRICKELL AVE.
SUITE 1440
MIAMI FL 33131

7. Name and Address of New Registered Agent

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 _____

Signature, typed or printed name of registered agent and title if applicable.   (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** NAME **ADMINISTRACIONES J.M. S. DE R.L. DE C.V.** STREET ADDRESS **1132 KANE CONCOURSE** CITY-ST-ZIP **BAY HARBOR ISLAND FL 33154**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **MGRM** NAME **ZONZNZ, ABRAHAM MEMUN** STREET ADDRESS **1132 KANE CONCOURSE** CITY-ST-ZIP **BAY HARBOR ISLAND FL 33154**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **MGRM** NAME **KIBRIT, SIMON SALAME** STREET ADDRESS **1132 KANE CONCOURSE** CITY-ST-ZIP **BAY HARBOR ISLAND FL 33154**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **MGRM** NAME **ROMANO, SIMON** STREET ADDRESS **1132 KANE CONCOURSE** CITY-ST-ZIP **BAY HARBOR ISLAND FL 33154**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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 REQUIRED

02-10-03   305 865 1929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #