## **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT # L01000020296

1. Entity Name

Principal Place of Business

SIGNATURE:

**BISCAYNE COMMONS, LLC** 



Mailing Address

9551 EAST BAY HARBOR DRIVE 9551 EAST BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL 33154 BAY HARBOR ISLANDS, FL 33154

**FILED** Apr 25, 2007 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

04102007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 60-0000971

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC. ONE SE THIRD AVE, 28TH FLOOR MIAMI, FL 33131

## DO NOT WRITE IN THIS SPACE

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 apparable	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007			000000730530 05/08/07-80075-006 55.00
9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGR TAUBER, IRWIN E 9551 EAST BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL 33154		
NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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.			

D OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE