

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**


05-09-2006 90009 048 \*\*\*\*50.00

**20045253**



04182006 No Chg-LLC CR2E083 (11/05)

**DOCUMENT # L02000003651**  
 1. Entity Name  
**BISCAYNE CENTER DEVELOPMENT COMPANY, LLC**



Principal Place of Business 255 ALHAMBRA CIRCLE SUITE 1100 CORAL GABLES, FL 33134	Mailing Address 255 ALHAMBRA CIRCLE SUITE 1100 CORAL GABLES, FL 33134
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**DO NOT WRITE IN THIS SPACE**

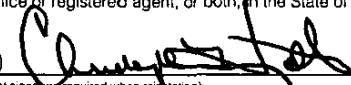
4. FEI Number 04-3602238	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

~~JEFFREY THOMAS W~~ Christopher Hyatt  
 255 ALHAMBRA CIRCLE  
 SUITE 1100  
 CORAL GABLES, FL 33134

**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 Christopher Hyatt (authorized signature)  04-25-06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

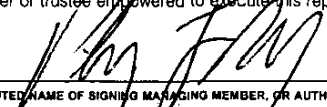
**Filing Fee is \$50.00**  
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BLUMBERG, PHILIP F 255 ALHAMBRA CIR #1100 CORAL GABLES, FL 33134
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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.

Philip F. Blumberg  
**SIGNATURE:**  04-25-06 305-569-9500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #