2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State
04-28-2003 90072 004 ****50.00

DOCUMENT # L02000004813

1. Entity Name
BISCAYNE PARK INVESTMENTS, L.L.C.

44001918

Principal Place of Business	Mailing Address
TURNBERRY PLAZA SUITE 801 2875 N.E. 191ST STREET AVENTURA FL 33180	TURNBERRY PLAZA SUITE 801 2875 N.E. 191ST STREET AVENTURA FL 33180

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: 1543 Presidential Way
Suite, Apt. #, etc.
City & State: North Miami Beach
Zip: 33179 Country: USA

3. Mailing Address: 1543 Presidential Way
Suite, Apt. #, etc.
City & State: N.M. Beach
Zip: 33179 Country: USA

4. FEI Number: 020567408 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SERBER, DANIEL J ESQ.
TURNBERRY PLAZA SUITE 801
2875 N.E. 191ST STREET
AVENTURA FL 33180

7. Name and Address of New Registered Agent
Name: Daniel Gamburd
Street Address (P.O. Box Number Is Not Acceptable): 1543 Presidential Way
City: North Miami Beach FL Zip Code 33179

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] 4-23-03
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SERBER, DANIEL J ESQ. TURNBERRY PLAZA SUITE 801, 2875 NE 191 ST. AVENTURA FL 33180 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M Gamburd Holdings LLC 1543 Presidential Way NMB, Fl 33179 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DG Investments Limited, Inc 1543 Presidential Way NMB, Fl 33179 ☐ 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
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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 4-23-03 305 682 1513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #