

L02000006188

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (URI)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 16 PM 1:21

12/28

DOCUMENT # L02000006188

1. Entity Name

BISCAYNE MORNINGSIDE CO., LLC

REINSTATEMENT 2003



Principal Place of Business Mailing Address
C/O THOMAS W. FAWELL C/O THOMAS W. FAWELL
11111 BISCAYNE BLVD., SUITE 715 11111 BISCAYNE BLVD., SUITE 715
MIAMI FL 33181 MIAMI FL 33181

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **03-0463977** Applied For Not Applicable

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent
MARTIN, PEDRO A
1221 BRICKELL AVE. SUITE 2100
MIAMI FL 33181

7. Name and Address of New Registered Agent
Name **Thomas W. Fawell**
Street Address (P.O. Box Number is Not Acceptable) **11111 Biscayne Blvd #715**
City **Miami** FL Zip Code **33181**

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]* DATE _____
Signature, typed or printed name of registered agent and firm if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	FAWELL, THOMAS W	
STREET ADDRESS	11111 BISCAYNE BLVD., SUITE 715	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12/15/03 01052 009 6150.00

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]* **REINSTATEMENT 2003** 12-15-03 (305) 582-5104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0022712

CR2E083 (10/02)