2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2006
Secretary of State

DOCUMENT# L02000006707

Entity Name: BISCAYNE MEDIATION, LLC

Current Principal Place of Business:

19 WEST FLAGLER STREET
SUITE 1212
MIAMI, FL 33130

New Principal Place of Business:

19 WEST FLAGLER STREET
SUITE 905
MIAMI, FL 33130

Current Mailing Address:

19 WEST FLAGLER STREET
SUITE 1212
MIAMI, FL 33130

New Mailing Address:

19 WEST FLAGLER STREET
SUITE 905
MIAMI, FL 33130

FEI Number: 04-3632722 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ABRAHAM, PETER
19 WEST FLAGLER STREET
SUITE 1212
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

ABRAHAM, PETER
19 WEST FLAGLER STREET
SUITE 905
MIAMI, FL 33130 US

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.

SIGNATURE: 02/01/2006

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ABRAHAM, PETER E
Address: 19 W FLAGLER ST., STE 1212
City-St-Zip: MIAMI, FL 33130

Title: MGR ( ) Delete
Name: BARKET, TIMOTHY K
Address: 19 W FLAGLER ST., STE 1212
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ABRAHAM, PETER E
Address: 19 W FLAGLER ST., STE 905
City-St-Zip: MIAMI, FL 33130

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PETER E. ABRAHAM PRES 02/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date