

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2003 8:00 am**  
**Secretary of State**

02-11-2003 90048 009 \*\*\*\*50.00

**DOCUMENT # L02000009162**

1. Entity Name

**BISCAYNE GARDEN APARTMENTS, LLC**



Principal Place of Business

**13899 BISCAYNE BOULEVARD, SUITE 310  
MIAMI FL 33181**

Mailing Address

**13899 BISCAYNE BOULEVARD, SUITE 310  
MIAMI FL 33181**

2. Principal Place of Business

3. Mailing Address

**11900 Biscayne Blvd  
Suite, Apt. #, etc.  
805**

**P.O. Box 611473  
Suite, Apt. #, etc.**

City & State  
**Miami FL**

City & State  
**Miami FL 332**

Zip  
**33233** Country  
**USA**

Zip  
**33261** Country  
**USA**

4. FEI Number  
**04-3647171**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHNEIDER, LAURENCE  
13899 BISCAYNE BOULEVARD, SUITE 310  
MIAMI FL 33181**

Name **Laurence Schneider**

Street Address (P.O. Box Number is Not Acceptable)

**11900 Biscayne Blvd # 805  
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 **Laurence Schneider - Managing Partner 2/6/03**

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  
**Managing Partner  
Laurence Schneider  
11900 Biscayne Blvd # 805**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Miami, FL 33181**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

**Laurence Schneider - Managing Partner 2/6/03 305.9477887**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)