LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

Mar 27, 2003 8:00 am Secretary of State

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03-12-2003 90013 020 ****55.00 DOCUMENT# L02000032595 1. Entity Name FS BISCAYNE HOLDINGS, LLC 55019953 DO NOT WRITE IN THIS SPACE. 2. Principal Place of Business
13505 PROVENCE 205 E MO ULLE Suite, Apt. #. etc Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE Çity & State pring & State Step & Step FH 4. FEI Number Applied For PAIN BEACH GATENS 996407 43 Not Applicable <u>0</u>1756 \$5,00 Additional 5. Certificate of Status Desired پرينآ 33410 Fee Required Name and Address of Current Registered Agent Name DO NOTWRITE Street Address (P.O. Box Number is Not Acceptable) 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 poligations of registered agent. FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY! 9. MANAGING MEMBERS/MANAGERS MANNGER TITLE PANICU & SCHACHTER NAME NAME 1330 × Provence 12 12/14 BEXLA EXTEN STREET ADORESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP me IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP nie de TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.