

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90455 014 ****55.00

DOCUMENT # L03000001728

1. Entity Name
BISCAYNE HOLDINGS, LLC



Principal Place of Business
~~4651 SHERIDAN STREET, SUITE 200~~
~~HOLLYWOOD, FL 33021~~

Mailing Address
~~4651 SHERIDAN STREET, SUITE 200~~
~~HOLLYWOOD, FL 33021~~

24049987



2. Principal Place of Business
18755 Biscayne Blvd.
Suite, Apt. #, etc.

3. Mailing Address
321 East Hillsboro Blvd.
Suite, Apt. #, etc.

03222004 Chg-LLC CR2E083 (10/03)

City & State
Aventura, Florida

City & State
Deerfield Beach, Florida

4. FEI Number
41-2130648
Applied For
Not Applicable

Zip
33180
Country
USA

Zip
33441
Country
USA

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

6. Name and Address of Current Registered Agent

STOTZER, THEODORE R
C/O SWERDLOW BOCA DEVELOPERS GROUP, LLC
321 EAST HILLSBORO BLVD.
DEERFIELD BEACH, FL 33441

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Preserve Partners, Ltd. 18755 Biscayne Blvd. Aventura, Florida 33180	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: By: Michael Swerdlow, its Managing Member
BY: PRESERVE PARTNERS, LTD., its Managing Member
BY: PRESERVE PARTNERS, LLC, its General Partner

April 15, 2004 (954) 949-3480

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

Date Daytime Phone #