

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000013241**

1. Entity Name  
**BISCAYNE VENTURE DEVELOPMENT LLC**



Principal Place of Business

**C/O SAMUEL & CO, LLC  
3110 2ND AVENUE  
MIAMI, FL 33137**

Mailing Address

**417 FIFTH AVENUE  
9TH FLOOR  
NEW YORK, NY 10016**



07062006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0145947**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SAMUEL, MICHAEL  
3110 2ND AVENUE  
MIAMI, FL 33137**

**DO NOT WRITE  
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 obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/20/06**

**Filing Fee is \$50.00  
Due by September 6, 2006**

**000000572176  
07/25/06-80019-012 50.00**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
PFEFFER, DAN  
417 5TH AVE, 9TH FLOOR %MIDTOWN EQUITIES  
NY, NY 10016**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
SAMUEL, MICHAEL  
3110 NE 2ND AVE  
MIAMI, FL 33137**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**Michael Samuel**

DATE

Daytime Phone #

**7/20/06 305 757-0001**