

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

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		
2. Principal Place of Business - No P.O. Box # c/o Midtown Equities		3. Mailing Address Suite, Apt. #, etc. 417 Fifth Ave., 9th Floor			
City & State New York, NY		City & State New York, NY		4. FEI Number 20-0145947	
Zip 10016		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SAMUEL, MICHAEL 3110 2ND AVENUE MIAMI, FL 33137				7. Name and Address of New Registered Agent Name CorpDirect Agents, Inc. Street Address (P.O. Box Number is Not Acceptable) 515 E. Park Avenue City Tallahassee FL 32301	
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 <u><i>Katie Wonsch, Asst. Sec.</i></u> DATE <u>5/6/08</u> <small>Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$277.50		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PFEFFER, DAN 417 5TH AVE, 9TH FLOOR %MIDTOWN EQUITIES NY, NY 10016	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Cayre Venture LLC c/o Midtown Equities 417 Fifth Avenue, 9th Floor New York, NY 10016	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SAMUEL, MICHAEL 3110 NE 2ND AVE MIAMI, FL 33137	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	2001292355 05/14/08--01006--024 **282.50	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR (Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	2007-2008	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR (Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR (Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Daniel Cayre</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>5/6/08</u> Daytime Phone # <u>212-726-0716</u>		

FILED
 08 MAY -7 AM 10:18
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



05062008 REIN-LLC CR2E101 (1/07)

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

Name CorpDirect Agents, Inc.

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

515 E. Park Avenue

City Tallahassee

FL 32301

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

Katie Wonsch, Asst. Sec.

5/6/08

DATE

FILE NOW!!! FEE IS \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
Cayre Venture LLC
c/o Midtown Equities
417 Fifth Avenue, 9th Floor
New York, NY 10016

☐ Change ☒ Addition

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

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
Cayre Venture LLC
c/o Midtown Equities
417 Fifth Avenue, 9th Floor
New York, NY 10016

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
2001292355
05/14/08--01006--024 **282.50

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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 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:

Daniel Cayre

5/6/08

212-726-0716

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

Date

Daytime Phone #