2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000016861

1. Entity Name

10760 BISCAYNE PARTNERS, LLC



FILED Mar 24, 2008 08:00 Al Secretary of State

Principal Place of Business

1111 LINCOLN RD., STE. 400 MIAMI BEACH, FL 33139

Mailing Address

1111 LINCOLN RD., STE. 400 MIAMI BEACH, FL 33139



03182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
83-0357652		Not Applicable
5. Certificate of Status Desired	\$5.00	O Additional

5. Certificate of Status Desired

Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

BELOFF, JONATHAN D 1111 LINCOLN RD., STE. 400 MIAM! BEACH, FL 33139

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAM

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	named entity submits this statement for the purpose of chan ions of registered agent.	ging its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE	
After May	NOWIII FEE IS \$138.75 71, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BELOFF, JONATHAN D 1111 LINCOLN ROAD STE. 400 MIAMI BEACH, FL		U00000868502	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			04/09/08-80010-019 138.75	
TITLE NAME STREET ADDRESS		DO	NOT WRITE	
CITY-ST-ZIP		l DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby certify that the information supplied with this filing does not qualify for the exemptrons 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				