
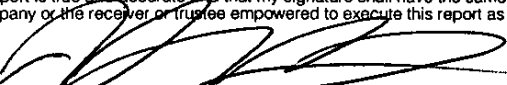


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
05 MAY -2 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
T. Roberts MAY 10 2005

DOCUMENT # L03000025594 1. Entity Name 114 BISCAYNE, L.L.C.					
Principal Place of Business 11340 BISCAYNE BLVD. MIAMI, FL 33181			Mailing Address 11340 BISCAYNE BLVD. MIAMI, FL 33181		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent BILOTTI, MICHAEL A 11340 BISCAYNE BLVD. MIAMI, FL 33181				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME MGR <input type="checkbox"/> Delete BELOTTI, MICHAEL STREET ADDRESS 11340 BISCAYNE BLVD CITY - ST - ZIP MIAMI, FL 33181			TITLE NAME Bilotti (misspelled) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY - ST - ZIP		
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY - ST - ZIP			TITLE NAME 000054032254 <input type="checkbox"/> Addition STREET ADDRESS 05/06/05--01081--021 **850.00 CITY - ST - ZIP		
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY - ST - ZIP			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY - ST - ZIP		
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY - ST - ZIP			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY - ST - ZIP			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 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.					
SIGNATURE  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 4/21/05 Daytime Phone # 934-467-7277		
Michael Bilotti					