-2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Apr 17, 2006 08:00 AM DOCUMENT # L03000051642 **Secretary of State** BISCAYNE BAY CAPITAL MANAGEMENT, LLC Principal Place of Business Mailing Address 3300 UNIVERSITY DRIVE, SUITE #311 CORAL SPRINGS FL 33065 3300 UNIVERSITY DRIVE, SUITE #311 CORAL SPRINGS FL 33065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For 56-2432246 Not Applicat Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEKEUKELAERE, ROBERT A Street Address (P.O. Box Number is Not Acceptable) 3300 UNIVERSITY DRIVE, SUITE #311 CORAL SPRINGS FL 33065 Zip Code City Fi 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 requiered agent and title it applicables (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS 10 ADDITIONS/CHANGES THILE MOR ☐ Delete 107t E ☐ Change ☐ Addition NAME DEKEUKELAERE, ROBERT A NAME U00000515913 04/29/06-80221-015 50.00 STREET ADDRESS STREET ADDRESS 3300 UNIVERSITY DRIVE, SUITE #311 ETTY-ST-Z78 CORAL SPRINGS FL 33065 CITY-ST-ZIP Change Addition Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 🗆 Delete Change Addition TITLE 7172F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-702 City-ST-709 TOTALE 🔲 Addition ☐ Delete ☐ Change TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP ☐ Change BILE ☐ Defete TITLE Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-DP CITY-ST-ZIP une ☐ Delete 7171.E Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: R Tebrukilee R. Dekenke ase

FILED