## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L04000007497**

1. Entity Name

**BISCAYNE REALTY LLC** 



FILED Apr 17, 2008 08:00 A Secretary of State

Principal Place of Business

9730 E HIBISCUS ST MIAMI, FL 33157 Mailing Address

9730 E HIBISCUS ST MIAMI, FL 33157



04112008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 30-0226647 Applied For Not Applicable

5. Certificate of Status Desired

4/1/eg.

Daytime Phone #

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SUAREZ, DANIEL F 9730 E HIBISCUS ST MIAMI, FL 33157

STREET ADDRESS

## DO NOT WRITE IN THIS SPACE

|                                       |  | )  |  |
|---------------------------------------|--|--|--|
| B. The above<br>the obliga            | e named entity submits this statement for the purpose of chail<br>tions of registered agent. | nging its registered office or registered agent, or both, in the | State of Florida. I am familiar with, and accept   |
| SIGNATURE.                            | Signature, typed or printed name of registered agent and rate if applicable,                 | (NOTE: Registered Agont argusture required when ronstabing)      | DATE   |
| After Ma                              | E NOW!!! FEE IS \$138.75<br>y 1, 2008 Fee will be \$538.75                                   |  | U00000902334<br>3 <del>0/08-80002-014-130.75</del> |
| 9.                                    | MANAGING MEMBERS/MANAGERS  |  | 200 00 0000E 014 100:10                            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR<br>SUAREZ, DANIEL F<br>9730 E HIBISCUS ST<br>MIAMI, FL 33157                             |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR<br>BAUER, CHARLES R<br>9730 E HIBISCUS ST<br>MIAMI, FL 33157                             |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  | DO NO  | T WRITE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  | IN THI   | S SPACE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |  |  |
| TITLE                                 |  |  |  |

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGONG MEMBER, OR AUTHORIZED REPRESENTATIVE