2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# L04000015372

Entity Name: 11190 BISCAYNE, LLC

Current Principal Place of Business:

ATTN: SR. COUNSEL
504 CARNEGIE CENTER
PRINCETON, NJ 08542

New Principal Place of Business:

Current Mailing Address:

ATTN: SR. COUNSEL
504 CARNEGIE CENTER
PRINCETON, NJ 08542

New Mailing Address:

ATTN: SR. COUNSEL
504 CARNEGIE CENTER
PRINCETON, NJ 08540

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: T ( ) Delete
Name: HAMILL, JOHN P
Address: 504 CARNEGIE CTR
City-St-Zip: PRINCETON, NJ 08540

Title: P ( ) Delete
Name: MCMULLEN, JEFFREY P
Address: 504 CARNEGIE CTR
City-St-Zip: PRINCETON, NJ 08540

Title: MGR ( ) Delete
Name: NEWMAN, THOMAS J
Address: 11190 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33181

Title: S ( ) Delete
Name: DEITZ, ROBERT
Address: 504 CARNEGIE CTR
City-St-Zip: PRINCETON, NJ 08540

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: T (X) Change ( ) Addition
Name: HAMILL, JOHN P
Address: 504 CARNEGIE CTR
City-St-Zip: PRINCETON, NJ 08540 US

Title: P (X) Change ( ) Addition
Name: MCMULLEN, JEFFREY P
Address: 504 CARNEGIE CTR
City-St-Zip: PRINCETON, NJ 08540 US

Title: S (X) Change ( ) Addition
Name: DEITZ, ROBERT
Address: 504 CARNEGIE CTR
City-St-Zip: PRINCETON, NJ 08540 US

Title: AT (X) Change ( ) Addition
Name: VODOVOZ, GENE
Address: 504 CARNEGIE CTR
City-St-Zip: PRINCETON, NJ 08540 US

Title: AS ( ) Change (X) Addition
Name: BURKE, LILIAN
Address: 504 CARNEGIE CTR
City-St-Zip: PRINCETON, NJ 08540 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN P. HAMILL T 01/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date