

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000020555

FILED
Jan 07, 2008
Secretary of State

Entity Name: BISCAYNE BAY DEVELOPERS, L.L.C.

Current Principal Place of Business:

9400SOUTH DADELAND BLVD, PH-3
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 331918
COCONUT GROVE, FL 33233

New Mailing Address:

FEI Number: 16-1698232

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABRAMS, DAVID S ESQ
9400 SOUTH DADELAND BLVD., PH-3
MIAMI, FL 33156 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: V () Delete
Name: LEIGHTON, DAVID SCOTT
Address: 700 MYRTLEWOOD LN.
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGRM () Delete
Name: WARD, JOHN
Address: 9757 SW 59TH STREET
City-St-Zip: COOPER CITY, FL 33328

Title: P () Delete
Name: DE CESPEDES, ROBERTO
Address: 188 W. MASHTA DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID S. LEIGHTON

VP

01/07/2008

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