


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 AM
Secretary of State

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| DOCUMENT # L04000039177 1. Entity Name BISCAYNE 107, LLC |  |
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| Principal Place of Business 1901 SOUTH TAMiami TRAIL VENICE, FL 34293 | Mailing Address 1901 SOUTH TAMiami TRAIL VENICE, FL 34293 |
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01082007 No Chg-LLC CR2E083 (11/05)

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| 4. FEI Number 55-0869095 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent CLOUTIER, JACQUES 1901 SOUTH TAMiami TRAIL VENICE, FL 34293 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CLOUTIER, JACQUES 1901 SOUTH TAMiami TRAIL VENICE, FL 34293 |
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03/06/07-80088-009 55.00

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-23-07