

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90360 020 ****55.00

DOCUMENT # L04000047931

1. Entity Name
BISCAYNE PROPERTIES GROUP, L.L.C.



Principal Place of Business
**2121 PONCE DE LEON BLVD
SUITE 240
CORAL GABLES, FL 33134**

Mailing Address
**2121 PONCE DE LEON BLVD
SUITE 240
CORAL GABLES, FL 33134**

40102081



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04302007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-2170829

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PRATS, GABRIEL
2121 PONCE DE LEON BLVD
SUITE 240
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name **PRATS FERNANDEZ & COMPANY, P.A.**
Street Address (P.O. Box Number is Not Acceptable) **CERTIFIED PUBLIC ACCOUNTANTS
2121 Ponce de Leon Blvd., Suite 240
Coral Gables, FL 33134**
City **FL** Zip Code

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

Prats Fernandez & Co PA

4/30/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **CAVANZO, ROBERTO**
CITY-ST-ZIP **2121 PONCE DE LEON BLVD., SUITE 240
CORAL GABLES, FL 33134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **LUQUE, HERNANDO**
CITY-ST-ZIP **2121 PONCE DE LEON BLVD., SUITE 240
CORAL GABLES, FL 33134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 606, Florida Statutes.

SIGNATURE:

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

4/30/07

Date

Daytime Phone #