

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000047931

FILED
Apr 10, 2008
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-2170829

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PRATS FERNANDEZ COMPANY, PA
CERTIFIED PUBLIC ACCOUNTANTS
2121 PONCE DE LEON BLVD SUITE 240
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

PRATS FERNANDEZ & COMPANY, PA
2121 PONCE DE LEON BLVD
SUITE 240
CORAL GABLES, FL 33134 US

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: GABRIEL PRATS

04/10/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CAVANZO, ROBERTO
Address: 2121 PONCE DE LEON BLVD., SUITE 240
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: LUQUE, HERNANDO
Address: 2121 PONCE DE LEON BLVD., SUITE 240
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

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: ROBERTO CAVANZO

MGR

04/10/2008

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