


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90027 033 ****50.00

DOCUMENT # L04000060318	
1. Entity Name BISCAYNE SHORES DEVELOPMENT GROUP LLC	

Principal Place of Business 12790 SOUTH DIXIE HIGHWAY MIAMI, FL 33156	Mailing Address 12790 SOUTH DIXIE HIGHWAY MIAMI, FL 33156
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20032518



2. Principal Place of Business 1133 KANE CONCOURSE	3. Mailing Address 1133 KANE CONCOURSE
Suite, Apt. #, etc. FIRST FLOOR	Suite, Apt. #, etc. FIRST FLOOR
City & State BAV HARTON ISLANDS, FL.	City & State BAV HARTON ISLANDS, FL.
Zip 33154	Country MIAMI - DADE

03082005 Chg-LLC CR2E083 (10/03)

4. FEI Number 43-2058891	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 PALMER, PAUL 12790 SOUTH DIXIE HIGHWAY MIAMI, FL 33156
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7. Name and Address of New Registered Agent Name TIMOTHY J. KEEGAN Street Address (P.O. Box Number is Not Acceptable) 11111 BISCAYNE BLVD. TOWER III SUITE 1552 City MIAMI FL Zip Code 33181
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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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE 4/11/05

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEEGAN, TIMOTHY J 11111 BISCAYNE BOULEVARD, TOWER III, #1552 MIAMI, FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* DATE 4/11/05 DAYTIME PHONE # 305.864.2400