

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065015

FILED  
Jul 24, 2005  
Secretary of State

Entity Name: BISCAYNE HOUSING GROUP, LLC

**Current Principal Place of Business:**

1040 N.W. NORTH RIVER DRIVE  
MIAMI, FL 33136

**New Principal Place of Business:**

**Current Mailing Address:**

1040 N.W. NORTH RIVER DRIVE  
MIAMI, FL 33136

**New Mailing Address:**

FEI Number: 20-1723890      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

WASHINGTON, LYNN C  
701 BRICKELL AVE., SUITE 3000  
MIAMI, FL 33131 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MNG ( ) Change (X) Addition  
Name: DERAMON, GONZALO MANAGER  
Address: 1040 NW NORTH RIVER DR  
City-St-Zip: MIAMI, FL 33136 US

Title: MNG ( ) Change (X) Addition  
Name: COX, MICHAEL C MANAGER  
Address: 1040 NW NORTH RIVER DR  
City-St-Zip: MIAMI, FL 33136 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GONZALO DERAMON

MNGM

07/24/2005

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