

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000074262

FILED
May 07, 2007
Secretary of State

Entity Name: BILTMORE REALTY INVESTMENTS, L.L.C.

Current Principal Place of Business:

ONE S.E. THIRD AVENUE, SUITE 2250
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

ONE S.E. THIRD AVENUE, SUITE 2250
MIAMI, FL 33131

New Mailing Address:

FEI Number: 41-2155977 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:

AMKE REGISTERED AGENTS, L.L.C.
2250 SUNTRUST INTERNATIONAL CENTER
ONE S.E. THIRD AVENUE
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: MGRM () Delete
Name: BILTMORE REALTY HOLD, INGS LLC
Address: C/O ONE S.E. THIRD AVE., SUITE 2250
City-St-Zip: MIAMI, FL 33131

Title: MGRM () Delete
Name: MARTINEZ, AMADO C
Address: C/O ONE S.E. THIRD AVE., SUITE 2250
City-St-Zip: MIAMI, FL 33131

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: ARTURO ABALLI/AMKE REGISTERED AGENTS LLC AR 05/07/2007

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