
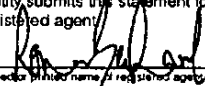
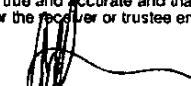


**FILED**  
**Aug 12, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90029 026 \*\*\*\*50 00

<b>DOCUMENT # L04000092733</b>				<b>Secretary of State</b>	
1. Entity Name <b>2915 BISCAYNE, LLC</b>		05-06-2005 90029 026 ****50.00			
Principal Place of Business <b>460 WEST 43RD STREET MIAMI BEACH FL 33140 2915 BISCAYNE BLVD MIAMI FLORIDA</b>		Mailing Address <b>460 WEST 43RD STREET MIAMI BEACH FL 33140 PO Box 2223 MIAMI BEACH FL 33140</b>			
2. Principal Place of Business <b>2915 BISCAYNE BLVD</b>		3. Mailing Address <b>PO Box 2223</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>MIAMI FLORIDA</b>		City & State <b>MIAMI BEACH</b>		4. FEI Number <b>1st MOORE CR2E083 (10/04)</b>	
Zip <b>33137</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MOTOLA, BERNARDO 301 ALMERIA AVENUE STE. 345 CORAL GABLES FL 33134</b>				7. Name and Address of New Registered Agent Name <b>HOFFMAN LEVY BENGIO + Co</b> Street Address (P.O. Box Number is Not Acceptable) <b>ATT: RONE BENHARUSH 2525 NORTH GATE RD 7 SUITE 115 City HOLLYWOOD FL Zip Code 33021</b>	
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  DATE <b>4/28/05</b> <small>Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>					
9. MANAGING MEMBERS / MANAGERS					
10. ADDITIONS / CHANGES					
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>YVES BARONKH MGR PO Box 2223 MIAMI BEACH FL 33140</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>NANCY KARP MGR PO Box 2223 MIAMI BEACH FL 33140</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> 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:  <b>ADRIAN GREEN</b> <b>4/29/05</b> <b>786-395-5869</b>					