


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90054 021 \*\*\*\*50.00

<b>DOCUMENT # L05000016977</b>																																																					
<b>1. Entity Name</b> WL BISCAYNE, L.L.C.																																																					
<b>Principal Place of Business</b> 2875 N.E. 191ST STREET, SUITE 300 AVENTURA, FL 33180			<b>Mailing Address</b> 2875 N.E. 191ST STREET, SUITE 300 AVENTURA, FL 33180																																																		
<b>2. Principal Place of Business</b> 2875 N.E. 191st St. Suite, Apt. #, etc. Suite 300 City & State Aventura, FL Zip 33180 Country USA		<b>3. Mailing Address</b> 2875 N.E. 191st St. Suite, Apt. #, etc. Suite 300 City & State Aventura, FL Zip 33180 Country USA																																																			
<b>4. FEI Number</b> 20-2366153				Applied For <input type="checkbox"/> Not Applicable																																																	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				01102006 Chg-LLC CR2E083 (11/05)																																																	
<b>6. Name and Address of Current Registered Agent</b> SERBER, DANIEL J ESQ TURNBERRY PLAZA, SUITE 801 2875 N.E. 191ST STREET AVENTURA, FL 33180			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____																																																		
<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.</b>																																																					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>																																																			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>Manager</b>  <b>Ricardo DJMAL</b>  <b>2875 N.E. 191st Street, Suite 300</b>  <b>Aventura, FL. 33180</b> </td> <td style="text-align: right;"> <input type="checkbox"/> Delete                         </td> </tr> <tr><td colspan="3" style="height: 20px;"> </td></tr> <tr><td colspan="3" style="height: 20px;"> </td></tr> <tr><td colspan="3" style="height: 20px;"> </td></tr> <tr><td colspan="3" style="height: 20px;"> </td></tr> <tr><td colspan="3" style="height: 20px;"> </td></tr> <tr><td colspan="3" style="height: 20px;"> </td></tr> <tr><td colspan="3" style="height: 20px;"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Manager</b> <b>Ricardo DJMAL</b> <b>2875 N.E. 191st Street, Suite 300</b> <b>Aventura, FL. 33180</b>	<input type="checkbox"/> Delete																						<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>Manager</b>  <b>Ricardo DJMAL</b>  <b>2875 N.E. 191st Street, Suite 300</b>  <b>Aventura, FL. 33180</b> </td> <td style="text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                         </td> </tr> <tr><td colspan="3" style="height: 20px;"> </td></tr> <tr><td colspan="3" style="height: 20px;"> </td></tr> <tr><td colspan="3" style="height: 20px;"> </td></tr> <tr><td colspan="3" style="height: 20px;"> </td></tr> <tr><td colspan="3" style="height: 20px;"> </td></tr> <tr><td colspan="3" style="height: 20px;"> </td></tr> <tr><td colspan="3" style="height: 20px;"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Manager</b> <b>Ricardo DJMAL</b> <b>2875 N.E. 191st Street, Suite 300</b> <b>Aventura, FL. 33180</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Manager</b> <b>Ricardo DJMAL</b> <b>2875 N.E. 191st Street, Suite 300</b> <b>Aventura, FL. 33180</b>	<input type="checkbox"/> Delete																																																			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Manager</b> <b>Ricardo DJMAL</b> <b>2875 N.E. 191st Street, Suite 300</b> <b>Aventura, FL. 33180</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																			
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 of the recorder or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>																																																					
<b>SIGNATURE:</b>  <b>Ricardo DJMAL (H&amp;R)</b> <b>4/27/06</b> <b>305-935-6955</b>																																																					