


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 06, 2008 8:00 am**  
**Secretary of State**


05-06-2008 90005 048 \*\*\*138.75

<b>DOCUMENT # L05000018222</b> 1. Entity Name PRIME BISCAVNE PROPERTY, L.L.C.	
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Principal Place of Business SUITE 118 2627 NE 203 ST. AVENTURA, FL 33180	Mailing Address SUITE 118 2627 NE 203 ST. AVENTURA, FL 33180
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<b>DO NOT WRITE IN THIS SPACE</b>	
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60039553



02182008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 76-0781260	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  SEGAL, WILLIAM J 20801 BISCAYNE BLVD., SUITE 304 AVENTURA, FL 33180-1422	<b>DO NOT WRITE IN THIS SPACE</b>
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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.

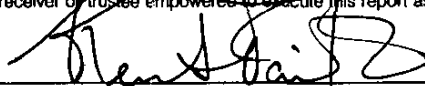
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FAITH, KEVIN 2627 NE 203RD ST. 20195 E. COUNTRY CLUB DR. #2607 #118 AVENTURA, FL 33180
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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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  **4/17/08** **305-682-4991**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #