## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jun 23, 2006 8:00 am Secretary of State

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DOCUMENT # L05000021543  1. Entity Name BISCAYNE LANDING , LLC							05-15-20	006 90239 024	****50.00
Principal Place of Business 2503 A NORTH WEST 72ND AVENUE MIAMI, FL 33122 US			Mailing Address 2503 A NORTH WEST 72ND AVENUE MIAMI, FL 33122 US		30011138				
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apl. #, etc.		04282008	Chg-LLC	CR2E083 (11/0	5)	
City & State			City & State		4. FEI Numb	er	7	Applied For Not Applicable	
Zip	Country		Zip Coun		itry	5. Certificate	of Status Desired	55.00 A	dditional
6. Name and Address of Current R			legistered Agent			7. Name en	Address of New R	legistered Agent	
BRAND, L	UIS C				Name				
2503 A NORTH WEST 72ND AVENUE MIAMI, FL 33122			Street Address (		(P.O. Box Numb	er is Not Acceptable	9)		
•		_			City	<del> </del>	<del> </del>	FL ZpC	ode
8. The above named drillty submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am famillar with, and accept									
the obligations of recistment agent									
SIGNATURE  Signature , typed or printed nerine of registated agent and title it applicable. (NOTE: Registated Agent aigneture required when reinstating)  DATE									
Filing Fee is \$50.00 Due by May 1, 2006							e check payable to Department of St		
9.		MANAGING MEMBER	I RS/MANAGERS	10.			ADDITIONS/	CHANGES	
TITLE	MGR		☐ Delete	TITL		,		Change	Addition
STREET ADDRESS	BRAND, L	UIS C E WOOD TERRACE		NAM	E Et adoress				
CITY-ST-ZP	1	FL 33327			-ST-ZP				
TITLE	MGRM		☐ Oelete	TITLE				☐ Change	Addition
NAME	LEON, LU			NAM	1				
STREET ADDRESS CITY-ST-ZIP		E WOOD TERRACE , FL 33327			ET ADORESS - ST-ZIP				
TITLE			☐ Detete	mu				☐ Change	Addition
NAME				NA46	- !				
STREET ADDRESS CITY-ST-ZIP					ET ADORESS - ST-ZIP				
ntle			☐ Deicle	TITLE			<del></del> -	C Change	Addition
NAME			□ veac	NAM	1			Change	: Addition
STREET ADDRESS (					ET ADORESS				
TITLE		<del></del>	☐ Delcia	TITLE	-ST-ZIP	<del></del>	<del></del>		
NAME	I		₩ VERIB	NAM	· I			☐ Change	Addition
STREET ADDRESS									
				STRE	ET ADDRESS				
CITY-ST-ZIP			T colum	STRE	-ST-ZIP			f7 0b	
CITY-ST-ZIP TITLE NAME			☐ Delete	STRE	-\$1-ZIP		<del></del> .	Change	Addition
TITLE NAME STREET ADDRESS			☐ Delete	STRE CATY TITLE NAME STRE	-\$1-ZVP : E ET ADDRESS			☐ Change	Add Won
NAME STREET ADDRESS CITY-ST-ZIP				STRE CATY TITLE NAME STRE CATY	-ST-ZIP : E ET ADDRESS -ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP	certify that the	e information supplied with t is true and accordance and t	this filing does not qualify for	STRE CATY- TITLE NAME STRE CITY	ST-ZP  E ET ADDRESS -ST-ZP  mptions contained	in Chapter 119, nade under cati	Florida Statutes. I lu that I am a manag	erther certify that the in	formation
NAME STREET ADDRESS CITY-ST-ZIP	certify that the on this report bility compan	e information supplied with t is true and according and t y or the receiver at trustee		STRE CATY- TITLE NAME STRE CITY	ST-ZP ET ADDRESS -ST-ZP Imptions contained to legal effect as if in required by Chap	nade under oatt ter 608, Florida	n; that I am a manag Statutes.	inther certify that the in ing member or mana	formation
NAME STREET ADDRESS CITY-ST-ZIP	on this repor	a information supplied with this true and according and the processor of trustee	this filing does not qualify for	STRE CATY- TITLE NAME STRE CITY	ST-ZP ET ADDRESS -ST-ZP Imptions contained to legal effect as if in required by Chap	nade under oatt ter 608, Florida	Florida Statutes. I fu ; that I am a manag Statutes.	inther certify that the in ing member or mana	formation