

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90034 028 ****50.00

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1. Entity Name
OFFICES OF 900 BISCAYNE, LLC

20029423

Principal Place of Business Mailing Address
801 BRICKELL AVENUE, SUITE 1580 **801 BRICKELL AVENUE, SUITE 1580**
MIAMI, FL 33131 **MIAMI, FL 33131**



2. Principal Place of Business 3. Mailing Address
1428 Brickell Av., **1428 Brickell Av.,**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 206 **Suite 206**
 City & State City & State
Miami, Florida **Miami, Florida**
 Zip Country Zip Country
33131 **USA** **33131** **USA**

04062006 Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For
20-4421044 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
NS CORPORATE SERVICES INC.
801 BRICKELL AVENUE, SUITE 1580
MIAMI, FL 33131

7. Name and Address of New Registered Agent
 Name **Juan A. Figueroa, P.A., C.P.A.**
 Street Address (P.O. Box Number is Not Acceptable)
1428 Brickell Avenue, Suite 206
 City **Miami** **FL** Zip Code **33131**

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 *Juan A. Figueroa* DATE **X 4/10/06**

(Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when substituting) DATE)

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MASRI, SIMON 801 BRICKELL AVENUE, SUITE 1580 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MASRI, SIMON 1428 Brickell Avenue, Suite 206 Miami, FL 33131 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUSNI, ELIAS 801 BRICKELL AVENUE, SUITE 1580 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUSNI, ELIAS 1428 Brickell Avenue, Suite 206 Miami, FL 33131 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition

11. The entity certifies 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 included 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: *Simon Masri* DATE **X 4/6/06** DAYTIME PHONE # **X 7864873656**

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