

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000044064

Entity Name: 819 BISCAYNE, LLC

FILED  
Sep 05, 2007  
Secretary of State

## Current Principal Place of Business:

375 SOUTH COUNTY RD  
PALM BEACH, FL 33480

## New Principal Place of Business:

3731 S. DIXIE HIGHWAY  
WEST PALM BEACH, FL 33405

## Current Mailing Address:

375 SOUTH COUNTY RD  
PALM BEACH, FL 33480

## New Mailing Address:

3731 S. DIXIE HIGHWAY  
WEST PALM BEACH, FL 33405

FEI Number: 20-2802358      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

CIKLIN, ALAN J  
515 N FLAGLER DR, 17TH FLOOR  
WEST PALM BEACH, FL 33401      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: BOLANDER, LARS  
Address: 375 SOUTH COUNTY RD  
City-St-Zip: PALM BEACH, FL 33480

## ADDITIONS/CHANGES:

Title: MGR      (X) Change      ( ) Addition  
Name: BOLANDER, LARS  
Address: 3731 S. DIXIE HIGHWAY  
City-St-Zip: WEST PALM BEACH, FL 33405

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LARS BOLANDER

MGR

09/05/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date