

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90051 024 \*\*\*\*50.00

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<b>DOCUMENT # L05000051487</b> 1. Entity Name <b>GROUPE BISCAYNE, LLC</b>					
Principal Place of Business <b>18001 OLD CUTLER ROAD, SUITE 600 PALMETTO BAY, FL 33157</b>			Mailing Address <b>18001 OLD CUTLER ROAD, SUITE 600 PALMETTO BAY, FL 33157</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SILVER, SCOTT A</b> <b>18001 OLD CUTLER ROAD, SUITE 600</b> <b>PALMETTO BAY, FL 33157</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City <span style="float: right;"><b>FL</b></span> Zip Code	
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 <span style="float: right;">03/07/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM <span style="float: right;"><input type="checkbox"/> Delete</span>			TITLE	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>
NAME	SILVER, SCOTT A			NAME	
STREET ADDRESS	18001 OLD CUTLER ROAD, SUITE 600			STREET ADDRESS	
CITY-ST-ZIP	PALMETTO BAY, FL 33157			CITY-ST-ZIP	
TITLE	<span style="float: right;"><input type="checkbox"/> Delete</span>			TITLE	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	<span style="float: right;"><input type="checkbox"/> Delete</span>			TITLE	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	<span style="float: right;"><input type="checkbox"/> Delete</span>			TITLE	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	<span style="float: right;"><input type="checkbox"/> Delete</span>			TITLE	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: <span style="float: right;">M624</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				03/07/06 305/377-8802 <small>Date Daytime Phone #</small>	