2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000056092

1. Entity Name

2121 BISCAYNE BOULEVARD MANAGER LLC



FILED Jan 11, 2008 08:00 Al Secretary of State

Principal Place of Business

150 ALHMABRA CIR Suite 800

CORAL GABLES, FL 33134

Mailing Address

150 ALHMABRA CIR Suite 800

CORAL GABLES, FL 33134



01092008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
20-4086193	Γ	Not Applicable
5. Certificate of Status Desired	\$5.00	Additional outred

6. Name and Address of Current Registered Agent

KATZ, MICHAEL 150 ALHAMBRA CIR SUITE 800 CORAL GABLES, FL 33134

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the obligations of registered agent					
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(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 KATZ, MICHAEL 150 ALHAMBRA CIR SUITE 800 CORAL GABLES, FL 33134		<i></i>		
TITLE NAME STREET ADDRESS CITY-S1-ZIP			000000780705 01/15/08-80004-025 138.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY+ST-ZIP		IN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-S1-2IP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
11. I nereby 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.					

8. The above pamed 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