


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L05000056093

1. Entity Name
 2121 BISCAYNE BOULEVARD LLC



Principal Place of Business 150 ALHMABRA CIR SUITE 800 CORAL GABLES, FL 33134	Mailing Address 150 ALHMABRA CIR SUITE 800 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



01092008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4086030	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____
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	MGR 2121 BISCAYNE BOULEVARD MANAGER LLC 150 ALHAMBRA CIRCLE, SUITE 800 CORAL GABLES, FL 33134
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 01/15/08-80006-001 138.75

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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: Michael Katz Michael Katz 1-9-2008 3054760955

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