
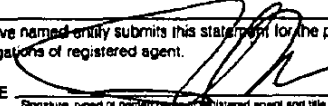
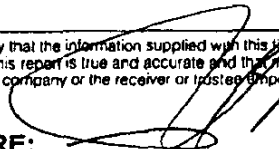


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 14, 2006 8:00 am
Secretary of State

05-02-2006 90045 016 ****50.00

DOCUMENT # L05000070405			
1. Entity Name BISCAYNE NATURAL RESOURCES, LLC			
Principal Place of Business 1101 BRICKELL AVENUE, SUITE 900 MIAMI, FL 33131		Mailing Address 1101 BRICKELL AVENUE, SUITE 900 MIAMI, FL 33131	
2. Principal Place of Business 4000 Hollywood Blvd. Suite, Apt. #, etc. Suite 375 South City & State Hollywood, FL Zip 33021 Country USA		3. Mailing Address 4000 Hollywood Blvd Suite, Apt. #, etc. Suite 375 South City & State Hollywood, FL Zip 33021 Country USA	
4. FEI Number 04282006		Chg-LLC CR2E083 (11/05)	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required <input checked="" type="checkbox"/>	
6. Name and Address of Current Registered Agent VOVA, PHILIP S 1101 BRICKELL AVENUE, SUITE 900 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Philip S. Vova Street Address (P.O. Box Number is Not Acceptable) 4000 Hollywood Blvd. Suite 375 South City Hollywood FL Zip Code 33021	
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  Philip S. Vova DATE 4/28/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)</small>			
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 VOVA, PHILIP S 1101 BRICKELL AVENUE, SUITE 900 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Philip S. Vova <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4000 Hollywood Blvd, Suite 375 South Hollywood, FL 33021
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
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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
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:  Philip S. Vova DATE 4/28/06 (954) 966-1598 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			

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