


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90105 006 \*\*\*138.75

<b>DOCUMENT # L05000074656</b>	
1. Entity Name <b>BISCAYNE COVE, LLC</b>	

Principal Place of Business <b>10 N.W. 42ND AVE. STE 700 MIAMI, FL 33126</b>	Mailing Address <b>10 N.W. 42ND AVE. STE 700 MIAMI, FL 33126</b>
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2. Principal Place of Business - No P.O. Box # <b>3630 SW 22ND ST.</b>	3. Mailing Address <b>3630 SW 22ND ST.</b>
Suite, Apt. #, etc. <b>SUITE 916</b>	Suite, Apt. #, etc. <b>SUITE 916</b>

City & State <b>- MIAMI, FLORIDA</b>	City & State <b>- MIAMI, FLORIDA</b>
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Zip <b>33146</b>	Country <b>USA</b>	Zip <b>33146</b>	Country <b>USA</b>
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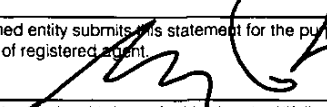
03242008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>01-0841414</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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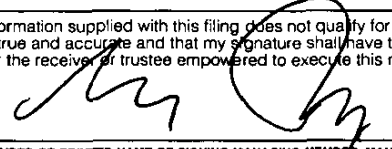
6. Name and Address of Current Registered Agent  <b>PUIG, ENRIQUE 10 N.W. 42ND AVE. STE 700 MIAMI, FL 33126</b>	
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7. Name and Address of New Registered Agent Name <b>PUIG, ENRIQUE</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>3630 SW 22ND ST. SUITE 916</b>	
City <b>MIAMI</b>	Zip Code <b>FL 33146</b>

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 	DATE <b>04-10-08</b>

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PUIG, ENRIQUE 10 N.W. 42ND AVE., SUITE 400 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PUIG, ENRIQUE 3630 SW 22ND ST. SUITE 916 MIAMI, FL 33145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOURIZ, REINALDO J. 3630 SW 22ND ST. SUITE 916 MIAMI, FL 33145 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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
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
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: 	DATE <b>04-10-08</b> (305) 667-1577