


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90106 028 ****50.00

DOCUMENT # L05000088362	
1. Entity Name 5220 BISCAYNE BOULEVARD, LLC	

60039223



Principal Place of Business 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131	Mailing Address 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131
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2. Principal Place of Business - No P.O. Box # C/O Evergreen Overseas Holding Suite, Apt. #, etc. 407 Lincoln Rd SE 4C	3. Mailing Address C/O E.O.H Suite, Apt. #, etc. 407 Lincoln Rd St 4C
City & State MIAMI BEACH	City & State MIAMI BEACH
Zip 33139	Country FL

04122007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3427472	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent EVERGREEN OVERSEAS HOLDINGS, INC. 607 CENCOLA RD SUITE 4-C MIAMI BEACH, FL 33139	7. Name and Address of New Registered Agent Name EVERGREEN OVERSEAS Holding Inc Street Address (P.O. Box Number is Not Acceptable) 407 Lincoln Rd. St 4-C City MIAMI BEACH FL Zip Code 33139
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8. The above named entity submits the 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 04/13/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSENBERG, MICHEL 520 BRICKELL KEY DRIVE MIAMI, FL 33131	<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
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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: Michel Rosenberg DATE: 04/13/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #