


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90072 031 ***138.75

DOCUMENT # L05000088362

1. Entity Name
 5220 BISCAYNE BOULEVARD, LLC



Principal Place of Business
 C/O EVERGREEN OVERSEAS HOLDING
 407 LINCOLN RD SE 4C
 MIAMI BEACH, FL 33139

Mailing Address
 C/O EVERGREEN OVERSEAS HOLDING
 407 LINCOLN RD SE 4C
 MIAMI BEACH, FL 33139

2. Principal Place of Business, No P.O. Box #
 360 NE 74th St
 Suite, Apt. #, etc.

3. Mailing Address
 360 NE 74th St
 Suite, Apt. #, etc.


City & State
 MIAMI FL

City & State
 MIAMI FL

Zip
 33138

Country

0013370



03242008 Chg-LLC CR2E083 (12/06)

4. FEI Number
 20-3427472

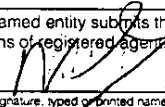
Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 EVERGREEN OVERSEAS HOLDINGS, INC.
 407 LINCOLN RD STE 4-C
 MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent
 Name: Evergreen Overseas Holding
 Street Address (P.O. Box Number is Not Acceptable): 360 NE 74th Street
 City: MIAMI FL Zip Code: 33138

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: 03/26/08

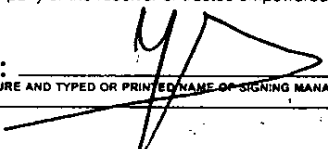
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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:  DATE: 03/26/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE