## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000090504

1. Entity Name **BISCAYNE 123, LLC** 



Principal Place of Business

Mailing Address

9551 EAST BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL 33154 9551 EAST BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL 33154

## **FILED** Apr 25, 2007 08:00 A Secretary of State



04102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 06-1761067

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

AMERICAN INFORMATION SERVICES, INC ONE SOUTHEAST THIRD AVENUE, 28TH FLOOR MIAMI, FL 33131

## DO NOT WRITE IN THIS SPACE

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 registored agent and bitle if applicable. (NOTE: Registere		(NOTE: Registered Agent aignature required when reinstating)	DATE	
Filing Fee is \$50.00 Due by May 1, 2007			000000730539 05/08/07-80075-011 <b>5</b> 5.00	
9.	MANAGING MEMBERS/MANAGERS			
TIILE NAME STREET ADDRESS CITY-ST-ZIP	MGR TAUBER, IRWIN E 9551 EAST BAY HARBOR DR BAY HARBOR, FL 33154			
TITLE NAME STREET ADDRESS CATY-ST-ZAP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

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:

TITLE NAME STREET ADDRESS CITY-SI-ZIP

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

Daytime Phone #