

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90021 019 ****50.00

DOCUMENT # L05000092456

1. Entity Name
BISCAYNE ARTS, LLC



Principal Place of Business
**1475 WEST CYPRESS CREEK ROAD
#202
FORT LAUDERDALE, FL 33309 US**

Mailing Address
**1475 WEST CYPRESS CREEK ROAD
#202
FORT LAUDERDALE, FL 33309 US**

DO NOT WRITE IN THIS SPACE



03082007No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-3600598

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CLIFFORD I. HERTZ, P.A.
ONE NORTH CLEMATIS STREET
#500
WEST PALM BEACH, FL 33401**

**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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BISCAYNE ARTS, INC.
STREET ADDRESS	1475 WEST CYPRESS CREEK ROAD, #202
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	DP
NAME	Goldstein, James E.
STREET ADDRESS	1475 W. Cypress Creek Rd #202
CITY-ST-ZIP	Fort Lauderdale, FL. 33309
TITLE	D.
NAME	Schroeder, Anders U.
STREET ADDRESS	1475 W. Cypress Creek Rd. #202
CITY-ST-ZIP	Fort Lauderdale, FL. 33309
TITLE	VPT
NAME	Band, Robert
STREET ADDRESS	1475 W. Cypress Creek Rd. #202
CITY-ST-ZIP	Fort Lauderdale, FL. 33319
TITLE	VPS
NAME	Porras, Mara
STREET ADDRESS	1475 W. Cypress Creek Road
CITY-ST-ZIP	Fort Lauderdale, FL. 33309

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IN THIS SPACE**

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:

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

VPT

Date

Daytime Phone #

4/12/07

786-425-0601