
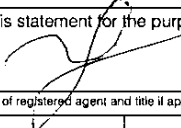


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90035 014 \*\*\*138.75

<b>DOCUMENT # L05000096104</b>					
<b>1. Entity Name</b> DBDS BISCAYNE PARK, LLC.					
<b>Principal Place of Business</b> 501 CONTINENTAL PLAZA 3250 MARY STREET COCONUT GROVE, FL 33133			<b>Mailing Address</b> 501 CONTINENTAL PLAZA 3250 MARY STREET COCONUT GROVE, FL 33133		
<b>2. Principal Place of Business - No P.O. Box #</b> 3250 Mary Street Suite, Apt. #, etc. Suite 402 City & State Coconut Grove, FL Zip 33133		<b>3. Mailing Address</b> 3250 Mary Street Suite, Apt. #, etc. Suite 402 City & State Coconut Grove, FL Zip 33133			
<b>4. FEI Number</b> 20-3559453				04012008    Chg-LLC    CR2E083 (12/06)	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> GASSENHEIMER, JAMES D 3250 MARY ST SUITE 307 COCONUT GROVE, FL 33133			<b>7. Name and Address of New Registered Agent</b> Name: Michael Goldberg Street Address (P.O. Box Number is Not Acceptable): 3250 Mary Street Suite 402 City: Coconut Grove    FL    Zip Code: 33133		
<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.</b>					
SIGNATURE: 				DATE: 4/30/08	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			Make check payable to Florida Department of State		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DBDS BISCAYNE PARK MANAGER INCORPORATED 3250 MARY STREET, SUITE 501 COCONUT GROVE, FL 33133		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Michael Goldberg (Receiver) 3250 Mary Street, Suite 402 Coconut Grove, FL 33133	
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	
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	
<b>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.</b>					
<b>SIGNATURE:</b> 				DATE: 4/30/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #	