


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90237 005 ***138.75

DOCUMENT # L05000107360	
1. Entity Name BISCAYNE BAY LAW ASSOCIATES LLC	

Principal Place of Business C/O GUILLERMO FERNANDEZ-QUINCOCES 100 SE SECOND STREET, 35TH FLOOR MIAMI, FL 33131-2158	Mailing Address C/O GUILLERMO FERNANDEZ-QUINCOCES 100 SE SECOND STREET, 34TH FLOOR MIAMI, FL 33131-2158
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00014146

2. Principal Place of Business - No P.O. Box # 19455 NW 79 Place	3. Mailing Address 19455 NW 79 Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.

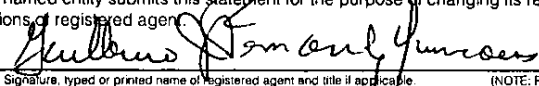
03052008 Chg-LLC CR2E083 (12/06)

City & State Hialeah, FL	City & State Hialeah, FL
Zip 33015	Country
Zip 33015	Country

4. FEI Number 20-3793157	Applied For Not Applicable
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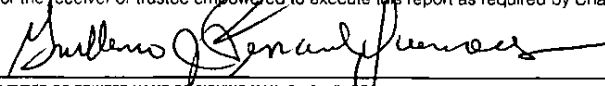
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FERNANDEZ-QUINCOCES, GUILLERMO J 100 S.E. SECOND STREET, 34TH FLOOR MIAMI, FL 33131-2158	7. Name and Address of New Registered Agent Name: Guillermo J. Fernandez-Quincoces Street Address (P.O. Box Number is Not Acceptable): 19455 NW 79 Place City: Hialeah FL Zip Code: 33015
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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 3/10/08

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERNANDEZ-QUINCOCES, GUILLERMO J 100 S.E. SECOND STREET, 34TH FLOOR MIAMI, FL 331312158 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Fernandez-Quincoces, Guillermo J. 19455 NW 79 Place Hialeah, FL 33015 <input checked="" 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
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Guillermo J. Fernandez-Quincoces	Date 3/05/08 Daytime Phone #