

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000120135

Entity Name: 50 BISCAYNE 4104 LLC

FILED
May 05, 2008
Secretary of State

Current Principal Place of Business:

450 ALTON ROAD
1504
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

450 ALTON ROAD
1504
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 20-3978726 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CHAVES & ARMSTRONG, PA
1948 HARRISON STREET
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ALVARADO, ARNALDO
Address: 450 ALTON ROAD APT 1504
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM () Delete
Name: ALVARADO, ARNALDO JR
Address: 450 ALTON ROAD 1504
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM () Delete
Name: ALVARADO, EUDUVIGUES
Address: 450 ALTON ROAD 1504
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGR () Delete
Name: ACOSTA, ROSANGEL
Address: 450 ALTON ROAD 1504
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARK CHAVES

MGRM

05/05/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date