2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jun 05, 2008
Secretary of State

DOCUMENT# L05000120135

Entity Name: 50 BISCAYNE 4104 LLC

Current Principal Place of Business:

450 ALTON ROAD
1504
MIAMI BEACH, FL 33139

New Principal Place of Business:

450 ALTON ROAD
1906
MIAMI BEACH, FL 33139

Current Mailing Address:

450 ALTON ROAD
1504
MIAMI BEACH, FL 33139

New Mailing Address:

450 ALTON ROAD
1906
MIAMI BEACH, FL 33139

FEI Number: 20-3978726 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: PERRETTI, EMILIO
Address: 450 ALTON ROAD APT 1906
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM (X) Change ( ) Addition
Name: COLMENERO, MARIA TERESA
Address: 450 ALTON ROAD 1906
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM (X) Change ( ) Addition
Name: PERRETTI, CARMEN
Address: 450 ALTON ROAD 1906
City-St-Zip: MIAMI BEACH, FL 33139

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 MGR 06/05/2008

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