FILED Jun 01, 2007 8:00 am Secretary of State 05-04-2007 90315 002 ****55.00

2007 LIMITED LIABILITY COMPANY

5/4

DOCUMENT # L06000000825 1. Entity Name BISCAYNE 181, LLC					30009370				
Principal Place of Business 9551 EAST BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL 33154		Mailing Address 9551 EAST BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL 33154				 Juu	000		
2. Principal Place	e of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04102007	Chg-LLC	CR2E0	33 (12/06)	
City & State		City & State		4. FEI Numb	13-4319	087	 	plied For x Applicable	
Zip	Country	Zip	Çnus	try	5. Certificat	e of Status Desired		5.00 Add	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
AMERICAN INFORMATION SERVICES, INC. ONE SOUTHEAST THIRD AVENUE, 28TH FL MIAMI, FL 33131			ı	Street Address (P.O. Box Numl	per is Not Acceptable	e)		
WIDGIN, FL 3	5151						· • •		
				City			FL	Zip Cod	
 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 algorithms required when reinstating) DATE									
Filin Dug	g Fee is \$50.00 by May 1, 2007				·	Make check payable to Florida Department of State			
9.	MANAGING MEMBER		10.			ADDITIONS	CHANGES		
NAME STREET ADDRESS OTY-ST-ZIP	Tholdings Inc 37 Ebay Harbor Dr	Deleta	E ET ADORESS -ST-ZIP				Change	☐ Addition	
TITLE	may Florithe IFC 300	☐ Delete	tmut					☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP				E ET ADORESS -ST-ZIP					
TITLE NAME -SITEET ADDRESS	TITLE Dekte TI							☐ Change	Addition
CITY-SI-709				-ST-ZIP					
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STREET ADDRESS CITY-ST-ZIP	0.1		STRE	ET ADORESS ST-ZIP					
11. I hereby certify that the imprimition 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 a courage and that my signature shall have the same legal effect as if made under cath; 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: MANAGER OR AUTHORISED HAME OF SIGNING MANAGER OR AUTHORISED REPRESENTATIVE									