

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000003338

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: BISCAYNE WATER ACCESS, LLC

**Current Principal Place of Business:**

870 SAN PEDRO AVENUE  
CORAL GABLES, FL 33156 US

**New Principal Place of Business:**

**Current Mailing Address:**

870 SAN PEDRO AVENUE  
CORAL GABLES, FL 33156 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FIGUERAS, JUAN E ESQ  
7050 SW 86 AVENUE  
MIAMI, FL 33143 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: BELLON, ERIK  
Address: 870 SAN PEDRO AVENUE  
City-St-Zip: CORAL GABLES, FL 33156 US

Title: MGRM ( ) Delete  
Name: BELLON, LEOPOLDO  
Address: 870 SAN PEDRO AVENUE  
City-St-Zip: CORAL GABLES, FL 33156 US

Title: MGRM ( ) Delete  
Name: BELLON, AMY  
Address: 870 SAN PEDRO AVENUE  
City-St-Zip: CORAL GABLES, FL 33156 US

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: ERIK BELLÓN

MR.

04/24/2007

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