


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000003338	
1. Entity Name BISCAYNE WATER ACCESS, LLC	

Principal Place of Business 870 SAN PEDRO AVENUE CORAL GABLES, FL 33156 US	Mailing Address 870 SAN PEDRO AVENUE CORAL GABLES, FL 33156 US
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DO NOT WRITE IN THIS SPACE



04212008No Chg-LLC CR2E083 (12/07)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FIGUERAS, JUAN E ESQ
7050 SW 86 AVENUE
MIAMI, FL 33143

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELLON, ERIK 870 SAN PEDRO AVENUE CORAL GABLES, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELLON, LEOPOLDO 870 SAN PEDRO AVENUE CORAL GABLES, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELLON, AMY 870 SAN PEDRO AVENUE CORAL GABLES, FL 33156
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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: *Amy Bellon* 4/21/08 305-1067-9010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #