

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000020973

FILED
Apr 05, 2008
Secretary of State

Entity Name: GSN BISCAYNE HOLDINGS, LLC

Current Principal Place of Business:

455 GRAND BAY DRIVE
ROOM 802
KEY BISCAYNE, FL 33149 US

New Principal Place of Business:

455 GRAND BAY DRIVE
802
KEY BISCAYNE, FL 33149 US

Current Mailing Address:

2 JENKS COURT
MORRISTOWN, NJ 07960 US

New Mailing Address:

FEI Number: 20-4509662 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD.
SUITE 1600 (LAD)
MIAMI, FL 33131 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: GREEN, NENA L
Address: 2 JENKS COURT
City-St-Zip: MORRISTOWN, NJ 07960 US

Title: MGRM () Delete
Name: LEITMAN, GAIL
Address: 9 VISTA COURT
City-St-Zip: PLEASANTVILLE, NY 10570 US

Title: MGRM () Delete
Name: LEVINE, SUZANNE
Address: 130 CAMPBELL ROAD
City-St-Zip: FAR HILLS, NJ 07931

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 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: NENA L. GREEN

MGRM

04/05/2008

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