

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000051825

FILED
Jun 02, 2008
Secretary of State

Entity Name: 1040 BISCAYNE COMMERCIAL LLC

Current Principal Place of Business:

2800 BISCAYNE BLVD SUITE 300
MIAMI, FL 33137

New Principal Place of Business:

2800 BISCAYNE BLVD
SUITE 300
MIAMI, FL 33137

Current Mailing Address:

2800 BISCAYNE BLVD SUITE 300
MIAMI, FL 33137

New Mailing Address:

2800 BISCAYNE BLVD
SUITE 300
MIAMI, FL 33137

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

COVIN, GREGGORY S
2800 BISCAYNE BLVD SUITE 300
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

FERRELL GROUP CORPORATE SERVICES, LLC
201 SO. BISCAYNE BLVD.
34TH FLOOR
MIAMI, FL 33131 US

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: STEVE L. WASERSTEIN, ESQ.

06/02/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: COVIN, GREGGORY S
Address: 2800 BISCAYNE BLVD SUITE 300
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: VENGGER, KEVIN
Address: 2800 BISCAYNE BLVD SUITE 300
City-St-Zip: MIAMI, FL 33137

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: KEVIN VENGGER

MGR

06/02/2008

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