

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000057747

FILED
Jul 18, 2008
Secretary of State

Entity Name: BISCAYNE VENTURE DEVELOPMENT II LLC

Current Principal Place of Business:

C/O SAMUEL & CO., LLC
3110 N.E. 2ND AVENUE
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

C/O SAMUEL & CO., LLC
3110 N.E. 2ND AVENUE
MIAMI, FL 33137

New Mailing Address:

417 FIFTH AVENUE
9TH FLOOR
NEW YORK, NY 10016

FEI Number: 20-5005792 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

SAMUEL, MICHAEL
C/O SAMUEL & CO., LLC
3110 N.E. 2ND AVENUE
MIAMI, FL 33137 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: MGR () Delete
Name: PFEFFER, DANIEL K
Address: 417 FIFTH AVE., 9TH FLOOR
City-St-Zip: NEW YORK, NY 10016

Title: MGR () Delete
Name: SAMUEL, MICHAEL
Address: 3110 N.E. 2ND AVE.
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CAYRE, JOSEPH K
Address: 417 FIFTH AVE., 9TH FLOOR
City-St-Zip: NEW YORK, NY 10016

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: JOSEPH CAYRE

MGRM

07/18/2008

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