

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000063218

Entity Name: BISCAYNE CAPITAL, LLC

FILED
Aug 16, 2007
Secretary of State

Current Principal Place of Business:

749 CRANDON BLVD APT 511
KEY BISCAYNE, FL 33149

New Principal Place of Business:

749 CRANDON BLVD
511
KEY BISCAYNE, FL 33149

Current Mailing Address:

749 CRANDON BLVD APT 511
KEY BISCAYNE, FL 33149

New Mailing Address:

749 CRANDON BLVD
511
KEY BISCAYNE, FL 33149

FEI Number: 20-5083591 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:

CORPORATE CREATIONS NETWORK INC
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

RUIZ, VALENTINA MRS
749 CRANDON BLVD
511
KEY BISCAYNE, FL 33149 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: VALENTINA RUIZ

08/16/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RUIZ, VALENTINA
Address: 749 CRANDON BLVD APT 511
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RUIZ, VALENTINA
Address: 749 CRANDON BLVD SUITE 511
City-St-Zip: KEY BISCAYNE, FL 33149

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: VALENTINA RUIZ

MRS

08/16/2007

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