


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 21, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90017 039 \*\*\*138.75

**DOCUMENT # L06000114661**

1. Entity Name  
 BILTMORE WAY GROUP, L.L.C.



Principal Place of Business 4075 S.W. 83 AVE. MIAMI, FL 33155	Mailing Address 4075 S.W. 83 AVE. MIAMI, FL 33155
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04162008 Chg-LLC CR2E083 (12/06)

5. Name and Address of Current Registered Agent

~~DIAZ-PADRON, CRISTINA M~~  
~~3044 S.W. 67TH AVE.~~  
~~MIAMI, FL 33155~~

7. Name and Address of New Registered Agent

Name: **DIAZ-PADRON, JUAN**

Street Address (P.O. Box Number is Not Acceptable):  
**4075 S.W. 83 AVE.**

City: **MIAMI, FL** Zip Code: **33155**

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: *Juan Diaz-Padron* **JUAN DIAZ-PADRON** DATE: **4-24-08**

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when registering)

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

Make check payable to  
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIAZ-PADRON, JUAN M 4075 S.W. 83RD AVE. MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIAZ-PADRON, MARIA E 4075 S.W. 83RD AVE. MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Maria E. Diaz-Padron* **MARIA E. DIAZ-PADRON** DATE: **4-24-08** DAYTIME PHONE #: **305-505-5824**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE