

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000120209

**Entity Name:** BISCAYNE PENSION CONSULTANTS, LLC

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1121 SOUTH MILITARY TRAIL  
234  
DEERFIELD BEACH, FL 33442

**New Principal Place of Business:**

**Current Mailing Address:**

1121 SOUTH MILITARY TRAIL  
234  
DEERFIELD BEACH, FL 33442

**New Mailing Address:**

**FEI Number:**  **FEI Number Applied For ( )**  **FEI Number Not Applicable (X)**  **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LIPPMAN, TIM  
1121 SOUTH MILITARY TRAIL  
234  
DEERFIELD BEACH, FL 33442 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  
Name: LIPPMAN, TIM  
Address: 1121 SOUTH MILITARY TRAIL #234  
City-St-Zip: DEERFIELD BEACH, FL 33442

I hereby 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: TIM LIPPMAN

MM

04/29/2010

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