

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000008503

FILED
Apr 30, 2008
Secretary of State

Entity Name: BISCAYNE BLUE 375 ENID, LLC.

Current Principal Place of Business:

430 GRAND BAY DRIVE
407
MIAMI, FL 33149

Current Mailing Address:

199 OCEAN LANE DRIVE #508
MIAMI, FL 33149

New Principal Place of Business:

3234 SHIPPING AVENUE
UNIT B
MIAMI, FL 33133 US

New Mailing Address:

199 OCEAN LANE DRIVE
#508
MIAMI, FL 33149 US

FEI Number: 20-8300420

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEMAITRE, DANIEL
3234 SHIPPING AVENUE UNIT B
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

LEMAITRE, DANIEL MGRM
3234 SHIPPING AVENUE
UNIT B
MIAMI, FL 33133 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: DANIEL LEMAITRE

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEMAITRE, DANIEL G
Address: 430 GRAND BAY DRIVE
City-St-Zip: MIAMI, FL 33149

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEMAITRE, DANIEL G
Address: 3234 SHIPPING AVENUE UNIT B
City-St-Zip: MIAMI, FL 33133

Title: MGRM () Change (X) Addition
Name: JIMENEZ, GUSTAVO A
Address: 7030 NW 50 STREET
City-St-Zip: MIAMI, FL 33166

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: DANIEL LEMAITRE

MGRM

04/30/2008

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