2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
08 AUG 12 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000033368

1. Entity Name
6200 BISCAYNE, LLC

Principal Place of Business	Mailing Address
1570 J.F. KENNEDY CAUSEWAY NORTH BAY VILLAGE, FL 33140 US	1570 J.F. KENNEDY CAUSEWAY NORTH BAY VILLAGE, FL 33140 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6200 Biscayne Boulevard	515 East Park Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Tallahassee, FL
Zip: 33138 / Country: USA	Zip: 32301 / Country: USA

03062008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3800318 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SUPRASKI, LOUIS A 2450 NE MIAMI GARDENS DRIVE SECOND FLOOR NORTH MIAMI BEACH, FL 33180	Name: CORPDIRECT AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable): 515 EAST PARK AVENUE City: TALLAHASSEE FL Zip Code: 32301

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. CORPDIRECT AGENTS, INC., Registered Agent

SIGNATURE: Tadlock, Asst Sec. Patricia Tadlock, Asst Sec. 8.12.08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

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	MGRM ☑ Delete	TITLE	MGRM ☐ Change ☑ Addition
NAME	COHEN, SAM	NAME	GLUCK, OSCAR
STREET ADDRESS	1570 J.F. KENNEDY CAUSEWAY	STREET ADDRESS	200 EAST 65TH STREET, SUITE 425
CITY-ST-ZIP	NORTH BAY VILLAGE, FL 33140	CITY-ST-ZIP	NEW YORK, NY 10021
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	600134665806
CITY-ST-ZIP		CITY-ST-ZIP	08/20/08--01023--001 **138.75
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.

OSCAR GLUCK, Managing Member

SIGNATURE: Aug 6 08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #