2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000033368

1. Entity Name
6200 BISCAYNE, LLC

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

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

03062008 Chg-LLC CR2E083 (12/06)

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

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

SUPRASKI, LOUIS A
2450 NE MIAMI GARDENS DRIVE
SECOND FLOOR
NORTH MIAMI BEACH, FL 33180

7. Name and Address of New Registered Agent

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: 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 reinstating) 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

TITLE	MGRM	☑ Delete
NAME	COHEN, SAM	
STREET ADDRESS	1570 J.F. KENNEDY CAUSEWAY	
CITY-ST-ZIP	NORTH BAY VILLAGE, FL 33140	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE	MGRM	☐ Change ☑ Addition
NAME	GLUCK, OSCAR	
STREET ADDRESS	200 EAST 65TH STREET, SUITE 425	
CITY-ST-ZIP	NEW YORK, NY 10021	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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08/20/08--01023--001 **138.75

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