

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000095107

**FILED**  
**Mar 25, 2010**  
**Secretary of State**

**Entity Name:** BISCAYNE ATLANTIC HOTELS, LLC

**Current Principal Place of Business:**

95 MERRICK WAY  
SUITE 380  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

95 MERRICK WAY  
SUITE 380  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 27-1290021

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

POLLOCK, ADAM N  
95 MERRICK WAY  
SUITE 380  
CORAL GABLES, FL 33134 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:** MGRM  
**Name:** GARFIVE HOLDINGS LLC  
**Address:** 95 MERRICK WAY, SUITE 380  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** MGRM  
**Name:** PARA SERVICES LLC  
**Address:** 95 MERRICK WAY, SUITE 380  
**City-St-Zip:** CORAL GABLES, FL 33134

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:** ADAM POLLOCK FOR PARA SERVICES LLC

MGRM

03/25/2010

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