

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000121801

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

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

**Current Principal Place of Business:**

95 MERRICK WAY  
SUITE 380  
MIAMI, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

95 MERRICK WAY  
SUITE 380  
MIAMI, FL 33134 US

**New Mailing Address:**

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

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

POLLOCK, ADAM N  
95 MERRICK WAY  
SUITE 380  
MIAMI, 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: MIAMI, FL 33134 US

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