


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90056 048 ****50.00

DOCUMENT # M00000001654

1. Entity Name
BISCAYNE CENTRE, LLC




Principal Place of Business
**11900 BISCAYNE BLVD., SUITE 100
 MIAMI, FL 33181-2758**

Mailing Address
**11900 BISCAYNE BLVD., SUITE 100
 MIAMI, FL 33181-2758**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

20018553



02082005 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1028927

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

6. Name and Address of Current Registered Agent
**BERMAN WOLFE RENNERT VOGEL & MANDLER, P.A.
 100 SE SECOND ST., SUITE 3500
 MIAMI, FL 33131-2130**

7. Name and Address of New Registered Agent
 Name
ALBAREDA, ROSSO, MALUJE + NIES, P.A.
 Street Address (P.O. Box Number is Not Acceptable)
2455 E. SUNRISE BLVD, STE. 813
 City **FT. LAUDERDALE** FL Zip Code **33304**

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.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to
Florida Department of State

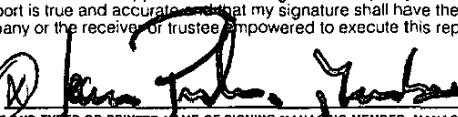
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PUTZER, JEAN 600 MADISON AVE., 26TH FL NEW YORK, NY 10022	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WAGMAN, RICHARD 600 MADISON AVE., 26TH FL NEW YORK, NY 10022	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLTON, ABRAHAM 600 MADISON AVE., 26TH FL NEW YORK, NY 10022	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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  DATE **2/22/05** DAYTIME PHONE # **305-8996117**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FROM : EMPIRE CORPORATE KIT CO

FAX NO. : 305 6338302

Aug. 16 2004 02:46PM P2

ATTACHMENT

20018553
#M00000001654

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: BISCAYNE CENTRE, LLC
- 2. The principal office address: 11900 Biscayne Blvd., Suite 100
MIAMI, FL 33181-2758
- 3. The mailing address (if different): _____

4. Date of incorporation/qualification: _____ Document number: _____

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Bernan Wolfe Rennett Vogel and Maddler, P.A.
100 SE Second St., Suite 3500
MIAMI, FL 33131-2130

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):
Albareda, Rosso, Maluje and Nies, P.A.
2455 E. Sunrise Blvd., Suite 813
(P.O. Box or personal mailbox NOT acceptable)
Fort Lauderdale, FL 33304

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
(Signature of an officer, director)

Jean Dutzer, MGRM
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

12-27-04
(Date)

If signing on behalf of an entity:

TIMOTHY C. NIES, ESQ.
(Typed or Printed Name)

SLAUGHTER
(Capacity)