

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001654

FILED  
Jan 24, 2007  
Secretary of State

Entity Name: BISCAYNE CENTRE, LLC

**Current Principal Place of Business:**

11900 BISCAYNE BLVD., SUITE 100  
MIAMI, FL 331812758

**New Principal Place of Business:**

**Current Mailing Address:**

1 SE THIRD AVENUE  
SUITE 1720  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 65-1028927

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MORTY ETGAR, PA  
1 SE THIRD AVENUE  
SUITE 1720  
MIAMI, FL 33131 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 ( ) Delete  
Name: PUTZER, JEAN  
Address: 58 EAST 79TH STREET  
City-St-Zip: NEW YORK, NY 10021

Title: MGR ( ) Delete  
Name: WAGMAN, RICHARD  
Address: 600 MADISON AVE., 26TH FL  
City-St-Zip: NEW YORK, NY 10022

Title: MGR ( ) Delete  
Name: COLTON, ABRAHAM  
Address: 600 MADISON AVE., 26TH FL  
City-St-Zip: NEW YORK, NY 10022

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: JEAN PUTZER

MGR

01/24/2007

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