
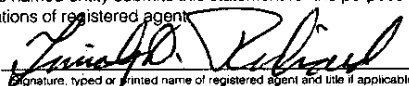



2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000084544 1. Entity Name BISCAYNE INVESTORS, INC.						FILED 04 MAY -6 PM 1:03 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business C/O LOEB, BLOCK & PARTNERS LLP 505 PARK AVENUE - 9TH FLOOR NEW YORK, NY 10022				Mailing Address C/O LOEB, BLOCK & PARTNERS LLP 505 PARK AVENUE - 9TH FLOOR NEW YORK, NY 10022			
2. Principal Place of Business 2665 S. Bayshore Drive Suite, Apt. #, etc. Suite 703 City & State Miami, Florida Zip 33133		3. Mailing Address 2665 S. Bayshore Drive Suite, Apt. #, etc. Suite 703 City & State Miami, Florida Zip 33133		4. FEI Number 13-4187016		Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name World Corporate Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 2665 S. Bayshore Drive, Suite 703 City Miami FL Zip 33133			
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:  Timothy D. Richards 4/28/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE DP <input checked="" type="checkbox"/> Delete NAME WACKSMAN, JEFFREY STREET ADDRESS 505 PARK AVENUE CITY-ST-ZIP NEW YORK, NY 10022				TITLE D/P/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Garnero, Alvaro STREET ADDRESS 2665 S. Bayshore Drive, Suite 7703 CITY-ST-ZIP Miami, Florida 33133			
TITLE DVP <input checked="" type="checkbox"/> Delete NAME LEIBMAN, DAVID STREET ADDRESS 505 PARK AVENUE CITY-ST-ZIP NEW YORK, NY 10022				TITLE AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Richards, Timothy D. STREET ADDRESS 2665 S. Bayshore Drive, Suite 703 CITY-ST-ZIP Miami, Florida 33133			
TITLE DS <input checked="" type="checkbox"/> Delete NAME BERKE, HOWARD STREET ADDRESS 505 PARK AVENUE CITY-ST-ZIP NEW YORK, NY 10022				TITLE 100036078751 <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 05/12/04--01013--002 **891.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE:  Timothy D. Richards <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4/28/04 (305) 858-9900 <small>Date Daytime Phone #</small>			