2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2006 8:00 am Secretary of State

DOCUMENT # P05000134087 1. Entity Name DBDS BISCAYNE PARK MANAGER INCORPORATED					04-26-2006	5 90205 00	02 ***1:	50.00
Principal Plac	e of Business	Mailing Address			- 00			
3250 MARY		3250 MARY STREET		A O	063899	•		
SUITE 501		SUITE 501		40	000			
COCONUT GF	ROVE, FL 33133	COCONUT GROVE, FL 331	33	1 10 3 (19 5)		P. III	******	
2 Deigning I	Name of Division	D. Adellion Address						
	Place of Business Hinental Plaza	3. Mailing Address 501 Continenta	1 Plaza		 	I III EU IRII EUI		
Suite, Apt.		Suite, Apt. #, etc.	1 1 101 20					
3250		3250 Mary	Street	04192006	Chg-P	CR2E03	4 (11/05)	
City & Stat	e	A City & State		4. FEI Numb	er 000		Ap	plied For
Locon	t Grove. 7 Iorida	Woconst Grove		1 20-3	56099	<u> </u>	No	t Applicable
33133	Country		Country	5. Certificate	of Status Desired		8.75 Add	
3005	& Name and Address of Custom 1	33133		7 Name and	Address of Nov. D	F	ee Require	<u> </u>
6. Name and Address of Current Registered Agent				/. Name and	Address of New R	egistered Ag	gent .	
CRONIG.	STEVEN C		Name					
3250 MARY STREET				ess (P.O. Box Numb	er is Not Acceptable	e)	,	
SUITE 307								
COCONU	T GROVE, FL 33133							
	*		City			FL	Zip Code	•
8. The above	named entity submits this statement for	the purpose of changing its reg	istered office or red	gistered agent, or bo	th, in the State of Fig	rida. Lam fa	miliar with.	and accept
the obligat	ions of registered agent.			.				
SIGNATURE.	·							
3IGNATORE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Re	gistered Agent signature n	are freed unbank resinate (form)		DATE		
				odra on whom ten errorally		DATE		
				edra en missi (en erstand)		UATE	· · · · · ·	
	E NOW!!! FEE IS \$150.00	9. Election Campaign		\$5.00 May Be		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0					UATE	-	
		Trust Fund Contribu		\$5.00 May Be Added to Fees	/CHANGES TO OFF	***	DIRECTORS	5 IN 11
After M	officers and (P/D	Trust Fund Contribu	tion.	\$5.00 May Be Added to Fees	/CHANGES TO OFF	ICERS AND D	DIRECTORS	SIN 11
After Ma	OFFICERS AND I P/D BERMAN, DANA J	Trust Fund Contribu	11. TITLE NAME	\$5.00 May Be Added to Fees	/CHANGES TO OFF	ICERS AND D		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Defete

305-341-0600

☐ Change

Addition