

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000107360

FILED
Jan 04, 2007
Secretary of State

Entity Name: BISCAYNE BAY LAW ASSOCIATES LLC

Current Principal Place of Business:

C/O GUILLERMO FERNANDEZ-QUINCOSES
100 SE SECOND STREET, 35TH FLOOR
MIAMI, FL 331312158

New Principal Place of Business:

Current Mailing Address:

C/O GUILLERMO FERNANDEZ-QUINCOSES
100 SE SECOND STREET, 34TH FLOOR
MIAMI, FL 331312158

New Mailing Address:

FEI Number: 20-3793157 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERNANDEZ-QUINCOSES, GUILLEMO
100 S.E. SECOND STREET, 34TH FLOOR
MIAMI, FL 331312158 US

Name and Address of New Registered Agent:

FERNANDEZ-QUINCOSES, GUILLERMO J
100 S.E. SECOND STREET, 34TH FLOOR
MIAMI, FL 331312158 US

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: GUILLERMO J. FERNANDEZ-QUINCOSES

01/04/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FERNANDEZ-QUINCOSES, GUILLERMO
Address: 100 S.E. SECOND STREET, 34TH FLOOR
City-St-Zip: MIAMI, FL 331312158

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FERNANDEZ-QUINCOSES, GUILLERMO J
Address: 100 S.E. SECOND STREET, 34TH FLOOR
City-St-Zip: MIAMI, FL 331312158

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: GUILLERMO J. FERNANDEZ-QUINCOSES

MGRM

01/04/2007

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