


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90237 005 ***138.75

DOCUMENT # L05000107360

1. Entity Name
BISCAYNE BAY LAW ASSOCIATES LLC



Principal Place of Business
C/O GUILLERMO FERNANDEZ-QUINCOSES
100 SE SECOND STREET, 35TH FLOOR
MIAMI, FL 33131-2158

Mailing Address
C/O GUILLERMO FERNANDEZ-QUINCOSES
100 SE SECOND STREET, 34TH FLOOR
MIAMI, FL 33131-2158

00014146

2. Principal Place of Business - No P.O. Box #
19455 NW 79 Place

3. Mailing Address
19455 NW 79 Place

Suite, Apt. #, etc.



03052008 Chg-LLC CR2E083 (12/06)

City & State
Hialeah, FL

City & State
Hialeah, FL

4. FEI Number
20-3793157

Applied For
 Not Applicable

Zip
33015

Country

Zip
33015

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERNANDEZ-QUINCOSES, GUILLERMO J
100 S.E. SECOND STREET, 34TH FLOOR
MIAMI, FL 33131-2158

Name
Guillermo J. Fernandez-Quincoeses

Street Address (P.O. Box Number is Not Acceptable)
19455 NW 79 Place

City
Hialeah

FL Zip Code
33015

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 *Guillermo J. Fernandez-Quincoeses* DATE **3/10/08**

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE MGRM	<input type="checkbox"/> Delete
NAME FERNANDEZ-QUINCOSES, GUILLERMO J	
STREET ADDRESS 100 S.E. SECOND STREET, 34TH FLOOR	
CITY-ST-ZIP MIAMI, FL 331312158	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Fernandez-Quincoeses, Guillermo J.	
STREET ADDRESS 19455 NW 79 Place	
CITY-ST-ZIP Hialeah, FL 33015	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. 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 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: *Guillermo J. Fernandez-Quincoeses* DATE: **3/05/08**

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

Guillermo J. Fernandez-Quincoeses

Date Daytime Phone #