2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000010312

1. Entity Name
KEY OCEAN PROPERTIES, LLC

Principal Place of Business	Mailing Address
201 S. BISCAYNE BOULEVARD SUITE 1500 (LAD) MIAMI, FL 33131	201 S. BISCAYNE BOULEVARD SUITE 1500 (LAD) MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

01092006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BOULEVARD
SUITE 1500 (LAD)
MIAMI, FL 33131

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

Filing Fee is $50.00
Due by May 1, 2006

000000493206
04/19/06-80033-022 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BENEDETTI, LUIS
STREET ADDRESS	201 S. BISCAYNE BLVD., #1500 (LAD)
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	MGR
NAME	DE PEREZ, LUISA L
STREET ADDRESS	201 S. BISCAYNE BLVD., #1500 (LAD)
CITY-ST-ZIP	MIAMI, FL 33131
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	

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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: Luis de Armas 3-31-06 305 358-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Authorized Repr.