


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 24, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90249 032 \*\*\*\*50.00

|  |                                 |  |  |   |          |
|--|---------------------------------|--|--|---|----------|
| DOCUMENT # L06000119956  |                                 |  |  |  |          |
| 1. Entity Name<br>KEY COLONY BAY HOLDINGS, LLC   |                                 |  |  |   |          |
| Principal Place of Business<br>550 BILTMORE WAY, SUITE 970<br>CORAL GABLES, FL 33134   |                                 |  | Mailing Address<br>550 BILTMORE WAY, SUITE 970<br>CORAL GABLES, FL 33134 |   |          |
| 2. Principal Place of Business - No P.O. Box #   |                                 |  | 3. Mailing Address   |   |          |
| Suite, Apt. #, etc.  |                                 |  | Suite, Apt. #, etc.  |   |          |
| City & State   |                                 |  | City & State   |   |          |
| Zip  | Country                         | Zip  | Country  | 02162007 Chg-LLC CR2E083 (12/06)  |          |
| 4. FEI Number<br>20-8180526  |                                 |  |  | Applied For<br>Not Applicable   |          |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                                 |  |  | \$5.00 Additional Fee Required  |          |
| 6. Name and Address of Current Registered Agent  |                                 |  | 7. Name and Address of New Registered Agent                              |   |          |
| M & W AGENTS, INC.<br>2101 CORPORATE BOULEVARD, SUITE 107<br>BOCA RATON, FL 33431  |                                 |  | Name   |   |          |
|  |                                 |  | Street Address (P.O. Box Number is Not Acceptable)                       |   |          |
|  |                                 |  | City   |   |          |
|  |                                 |  | FL   |   | Zip Code |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>  |                                 |  |  |   |          |
| Filing Fee is \$50.00<br>Due by May 1, 2007  |                                 |  |  | Make check payable to<br>Florida Department of State                              |          |
| 9. MANAGING MEMBERS / MANAGERS   |                                 |  | 10. ADDITIONS / CHANGES  |   |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change  | <input checked="" type="checkbox"/> Addition                                      |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change  | Addition  |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change  | Addition  |          |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change  | Addition  |          |
| 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: <i>Judith Gaskell</i>   |                                 |  | Date: 4/10/07 (305) 442-4342   |   |          |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |                                 |  |  |   |          |

