



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90028 016 ***150.00

DOCUMENT # 564450					
1. Entity Name KEY BISCAVNE LAND CORPORATION					
Principal Place of Business 116 HUNTINGTON AVE. FL. 9 BOSTON, MA 02116			Mailing Address 116 HUNTINGTON AVE. FL. 9 BOSTON, MA 02116		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 06-0974518	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SONNABEND, ROGER		NAME		
STREET ADDRESS	116 HUNTINGTON AVENUE, FLOOR 9		STREET ADDRESS		
CITY-ST-ZIP	BOSTON, MA 02116		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SONNABEND, STEPHEN		NAME		
STREET ADDRESS	350 OCEAN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAVNE, FL 33149		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SONNABEND, PETER		NAME		
STREET ADDRESS	116 HUNTINGTON AVENUE, FLOOR 9		STREET ADDRESS		
CITY-ST-ZIP	BOSTON, MA 02116		CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VAN RIEL, BOY A.J.		NAME		
STREET ADDRESS	116 HUNTINGTON AVENUE, FLOOR 9		STREET ADDRESS		
CITY-ST-ZIP	BOSTON, MA 02116		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAKOUSKAS, DAVID A.		NAME		
STREET ADDRESS	116 HUNTINGTON AVENUE, FLOOR 9		STREET ADDRESS		
CITY-ST-ZIP	BOSTON, MA 02116		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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.					
SIGNATURE: 		U.P.-2 SEC		1/26/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 017-421-5400	

50006985



01122005 Chg-P CR2E034 (10/03)

**\$8.75 Additional
Fee Required**