

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAY 22 PM 3:48

DOCUMENT # A03000001362

1. Entity Name  
 KEYSTONE BAY, LLLP



|   |   |
|---|---|
| Principal Place of Business<br>1395 BRICKELL AVENUE<br>SUITE 900<br>MIAMI, FL 33131 | Mailing Address<br>1395 BRICKELL AVENUE<br>SUITE 900<br>MIAMI, FL 33131 |
|---|---|

|   |                                       |
|---|---------------------------------------|
| 2. Principal Place of Business - No P.O. Box #<br>370 Minorca Ave | 3. Mailing Address<br>370 Minorca Ave |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                   |

|                                 |                                 |
|---------------------------------|---------------------------------|
| City & State<br>Coral Gables FL | City & State<br>Coral Gables FL |
| Zip 33134 Country USA           | Zip 33134 Country USA           |



04252008 Chg-LP CR2E003 (12/06)

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>20-0250212 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--|

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERRIOS, XIMENA B  
 1395 BRICKELL AVENUE  
 SUITE 900  
 MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
 370 MINORCA Ave

City Coral Gables FL Zip 33134

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 *Ximena Berrios* DATE 4-24-08

Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

| 12. GENERAL PARTNER INFORMATION |                                 | 13. ADDRESS CHANGES ONLY |                               |
|---------------------------------|---------------------------------|--------------------------|-------------------------------|
| DOCUMENT #                      | L03000028436                    | STREET ADDRESS           | 370 MINORCA Ave               |
| NAME                            | KEYSTONE BAY, G.P., LLC         | CITY-ST-ZIP              | Coral Gables FL 33134         |
| STREET ADDRESS                  | 1395 BRICKELL AVENUE, SUITE 900 | STREET ADDRESS           | 400129801874                  |
| CITY-ST-ZIP                     | MIAMI, FL 33131                 | CITY-ST-ZIP              | 05/19/08--01033--014 **500.00 |
| DOCUMENT #                      |                                 | STREET ADDRESS           |                               |
| NAME                            |                                 | CITY-ST-ZIP              |                               |
| STREET ADDRESS                  |                                 | STREET ADDRESS           |                               |
| CITY-ST-ZIP                     |                                 | CITY-ST-ZIP              |                               |
| DOCUMENT #                      |                                 | STREET ADDRESS           |                               |
| NAME                            |                                 | CITY-ST-ZIP              |                               |
| STREET ADDRESS                  |                                 | STREET ADDRESS           |                               |
| CITY-ST-ZIP                     |                                 | CITY-ST-ZIP              |                               |
| DOCUMENT #                      |                                 | STREET ADDRESS           |                               |
| NAME                            |                                 | CITY-ST-ZIP              |                               |
| STREET ADDRESS                  |                                 | STREET ADDRESS           |                               |
| CITY-ST-ZIP                     |                                 | CITY-ST-ZIP              |                               |

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

(SIGNATURE: *[Signature]* DATE 4-24-08 305777 0300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #