


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 1395 BRICKELL AVENUE SUITE 900 MIAMI, FL 33131	Mailing Address 1395 BRICKELL AVENUE SUITE 900 MIAMI, FL 33131
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2. Principal Place of Business - No P.O. Box # 370 Minorca Ave	3. Mailing Address 370 Minorca Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Coral Gables FL	City & State Coral Gables FL
Zip 33134 Country USA	Zip 33134 Country USA



04252008 Chg-LP CR2E003 (12/06)

4. FEI Number 20-0250212	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BERRIOS, XIMENA B 1395 BRICKELL AVENUE SUITE 900 MIAMI, FL 33131
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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
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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 <i>Ximena Berrios</i> DATE 4-24-08
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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	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: <i>Ximena Berrios</i>)	4-24-08 305777 0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date Daytime Phone #

STAPLE CHECK HERE