

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



01072008 Chg-LP CR2E003 (12/06)

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| DOCUMENT # A07000000671 1. Entity Name WL KEY BISCAYNE II, LTD. | | | | | |
| Principal Place of Business 3250 MARY STREET, SUITE 500 MIAMI, FL 33133 | | | Mailing Address 3250 MARY STREET, SUITE 500 MIAMI, FL 33133 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number <div style="text-align: center; font-size: 1.2em;">26-1500913</div> <div style="text-align: right; font-size: 0.8em;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div> | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON, P.A. C/O STEARNS WEAVER 150 W. FLAGLER STREET, SUITE 2200 MIAMI, FL 33133 | |
| 7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | |
| 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 # | L03000050382 | | STREET ADDRESS | | |
| NAME | WLKB, LLC | | CITY-ST-ZIP | | |
| STREET ADDRESS | 3250 MARY STREET, SUITE 500 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33133 | | CITY-ST-ZIP | | |
| DOCUMENT # | | | STREET ADDRESS | | |
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

WLKB LLC

DONALD E. LAFON

Date

1/7/2008

Daytime Phone #

305-445-4215