

2005 FOR PROFIT CORPORATION ANNUAL REPORT

#150.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG -2 AM 9:23

DOCUMENT # F97000003675 1. Entity Name GB (KEY BISCAVNE) OPERATING CORPORATION			
Principal Place of Business 3250 MARY STREET, STE. 500 MIAMI, FL 33133		Mailing Address 3250 MARY STREET, STE. 500 MIAMI, FL 33133	
2. Principal Place of Business 1200 BRICKELL AVE Suite, Apt. #, etc. SUITE 1450 City & State MIAMI, FL Zip 33131 Country		3. Mailing Address 1200 BRICKELL AVE Suite, Apt. #, etc. SUITE 1450 City & State MIAMI, FL Zip 33131 Country	
4. FEI Number 76-0541410		Chg-P CR2E034 (10/03) Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ALIBHAI, KARIM 3250 MARY STREET, STE. 500 MIAMI, FL 33133	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY - ST - ZIP 1200 BRICKELL AVE, SUITE 1450 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVST BEZOLD, THOMAS J 3250 MARY STREET, STE. 500 MIAMI, FL 33133	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY - ST - ZIP 1200 BRICKELL AVE, SUITE 1450 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400058536724 08/12/05--01055--013 **250.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 report 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: _____ <small>SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # (305) 442 9808	