

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90074 050 ****50.00

DOCUMENT # L00000006072

1. Entity Name

LITTLE KEY, LLC



Principal Place of Business

Mailing Address

**848 BRICKELL AVE
SUITE 1000
MIAMI FL 33131**

**848 BRICKELL AVE
SUITE 1000
MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

848 BRICKELL AVE

848 BRICKELL AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PENTHOUSE I

PENTHOUSE I

City & State

City & State

MIAMI FL.

MIAMI FL.

Zip

Country

Zip

Country

33131

33131



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1033856**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MURAI WALD BIONDO & MORENA PA
25 SE 2ND AVE
MIAMI FL 33131**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ARDID, JOSE M**
CITY-ST-ZIP **848 BRICKELL AVE., ~~SUITE 1000~~ PENTHOUSE I
MIAMI FL 33131**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ARDID, INIGO**
CITY-ST-ZIP **848 BRICKELL AVE., ~~SUITE 1000~~ PENTHOUSE I
MIAMI FL 33131**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DIRECTOR**
STREET ADDRESS **ARDID DIEGO**
CITY-ST-ZIP **848 BRICKELL AVE, PENTHOUSE I
MIAMI FL 33131**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED
JOSE ARDID
DIRECTOR

04/22/03

(305) 377-1001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)