


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 24, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000005001  
 1. Entity Name  
 CASA KEY BISCAYNE, LLC



Principal Place of Business 150 CAPE FLORIDA DRIVE KEY BISCAYNE, FL 33149	Mailing Address 150 CAPE FLORIDA DRIVE KEY BISCAYNE, FL 33149
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**DO NOT WRITE IN THIS SPACE**



01212004 No Chg-LLC CR2E083 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CORPDIRECT AGENTS  
 103 NORTH MERIDIAN STREET  
 LOWER LEVEL  
 TALLAHASSEE, FL 32301

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2004**

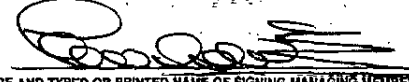
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NOBOA, LUIS A 150 CAPE FLORIDA DRIVE KEY BISCAYNE, FL 33149
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 01/26/04-80070-004 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  1/21/04 305-779-7212  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #