

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90178 007 ****50.00

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

60010470



1st MOORE CR2E083 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS
 103 NORTH MERIDIAN STREET
 LOWER LEVEL
 TALLAHASSEE FL 32301

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

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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM Delete
 NAME NOBOA, LUIS A
 STREET ADDRESS 150 CAPE FLORIDA DRIVE
 CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 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:

MGRM

02/08/05

305-779-2222

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

Date

Daytime Phone #