


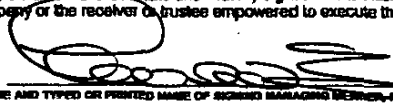
2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

02-08-2008 90100 026 ***138.75

30004052



DOCUMENT # L0100005001			
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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
04102008		Chg-LLC	CR2E083 (12/06)
4. FEI Number 33-1210948		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
A1A REGISTERED AGENT INC. 5647 110TH AVE. NORTH ROYAL PALM BEACH, FL 33411-0000		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 _____ (NOTE: Registered Agent signature required when registering) DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$535.75		Make check payable to Florida Department of State	
8. MANAGING MEMBERS/MANAGERS		9. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MG/PM NOBOA, LUIS A 150 CAPE FLORIDA DRIVE KEY BISCAYNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. 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 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: 		Date: 04/16/08 (705) 7794256	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	



Pan American Trading, Inc.
6161 Blue Lagoon Dr, Suite 250
Miami, FL 33126
USA

INTERCREDIT BANK, N.A.
1200 BRICKELL AVE, 4TH FLOOR
MIAMI, FL 33131
USA

63-1181
670

Check No.
000008701

January 30, 2008

PAY
TO THE
ORDER OF

FLORIDA DEPARTMENT OF STATE

***** \$13875
ONE THREE EIGHT CTS CTS

ONE HUNDRED THIRTY EIGHT & 75/100 DOLLARS ONLY

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6850
TALLAHASSEE FL 32314

PER

PER

COPY
NOT VALID AFTER 90 DAYS

ATTACHMENT
3000 4052
L01000005001

FILE

PLEASE DETACH BEFORE PRESENTING FOR PAYMENT



Pan American Trading, Inc.
6161 Blue Lagoon Dr, Suite 250
Miami, FL 33126
USA

Check No.

000008701

Check Date

January 30, 2008

Vendor Code

TF139A

FLORIDA DEPARTMENT OF STATE

Check Total

\$138.75

DATE	DESCRIPTION	REFERENCE	CREDIT AMOUNT	DEBIT AMOUNT	CUMULATIVE TOTAL
01/30/2008	DOC#L01000005001	FEI#APPLIE	138.75	0.00	138.75

End of Listing