2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000011791

GRAL HOLDINGS KEY BISCAYNE, LLC



FILED Mar 06, 2006 08:00 AM **Secretary of State**

Principal Place of Business

1429 NORTH PROSPECT AVENUE MILWAUKEE, WI 53202 US

Mailing Address

1429 NORTH PROSPECT AVENUE

53202 US



01132006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 58-2637842

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and

registered Agent

GRAL, MICHAEL A 455 GRAND BAY DRIVE **UNIT 1257** KEY BISCAYNE, FL 33149

DO NOT WRITE IN THIS SPACE

The above named entity submits this statement for the purpose of changing its registered office or	r registered agent, or both, in the State of Florida.	I am familiar with, and accept
the obligations of registered agent.	-	
	}	

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

(NOTE: Registered Agent signature toquired when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006

U00000456430 03/16/06-80029-007 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STRICET ADDRESS CREY-ST-ZIP	MGRM GRAL HOLDINGS, LTD. 1429 NORTH PROSPECT AVENUE MILWAUKEE, WI 53202
TITLE NAME STREET ADDRESS CNY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Grai Holdings Key Biscayne, LLC by Grai Holdings, Ltd., Manager

SIGNATURE: By:

Michael A. Grai, General Partner 2/15/06

414-271-7777

SIGNATURE AND TYPED OR PRINTED HAVE OF SIGNING MANAGING HERBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #