

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L01000011791</b> 1. Entity Name GRAL HOLDINGS KEY BISCAVNE, LLC	
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Principal Place of Business 1429 NORTH PROSPECT AVENUE MILWAUKEE, WI 53202 US	Mailing Address 1429 NORTH PROSPECT AVENUE MILWAUKEE, WI 53202 US
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**DO NOT WRITE IN THIS SPACE**



04032008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 58-2637842	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000895335  
04/24/08-80064-024 138.75

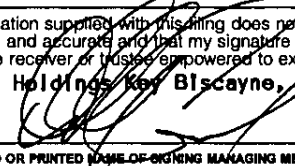
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRAL HOLDINGS, LTD. 1429 NORTH PROSPECT AVENUE MILWAUKEE, WI 53202
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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.

Gral Holdings Key Biscayne, LLC By Gral Holdings, Ltd., Member, By Michael A. Gral, G.P.

**SIGNATURE:** By:  **Donald J. Gral, Attorney-in-Fact 4/7/08 (414) 271-7777**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #