

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 21, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000013469

1. Entity Name
FG KEY HAVEN, L.L.C.



Principal Place of Business
198 HARBORVIEW DR
TAVERNIER, FL 33070

Mailing Address
2701 SOUTH BAYSHORE DRIVE
SUITE 600
COCONUT GROVE, FL 33133



01162006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1128981

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STRAFACI, FRANK
2701 SOUTH BAYSHORE DRIVE
COCONUT GROVE, FL 33133

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME STRAFACI, FRANK
STREET ADDRESS 2701 SOUTH BAYSHORE DRIVE
CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE MGR
NAME MENDICINO, DANIEL
STREET ADDRESS 2701 SOUTH BAYSHORE DRIVE
CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE MGR
NAME REGISTER, G. TROY III
STREET ADDRESS 1240 PLACETAS DR
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000001442626
03/04/06-80029-003.50.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2-18-06 305443-7200

Date

Daytime Phone #