

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90115 018 ***138.75

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**

60017203



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

01242008 Chg-LLC CR2E083 (12/06)

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**

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 \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

G. Troy Register III
Managing Member

(305)

3-22-08 443-7200