2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000014079

1. Entity Name
GRAND KEY ESTATES II, L.C.

Principal Place of Business	Mailing Address
1101 BRICKELL AVE. NORTH TOWER SUITE 400 MIAMI, FL 33131	1101 BRICKELL AVE. NORTH TOWER SUITE 400 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

20052830

04272005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
65-1140928	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MURAI WALD BIONDO & MORENO, P.A.
900 INGRAHAM BUILDING
25 S.E. 2ND AVE.
MIAMI, FL 33131

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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, 2005

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GRAND DEVELOPERS HOLDING CORP
STREET ADDRESS	1101 BRICKELL AVE., STE 400
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	MGRM
NAME	Ortega, Jorge
STREET ADDRESS	1101 Brickell Ave
CITY-ST-ZIP	Miami Fl 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____   4-7-7-2-05

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