2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000014079

GRAND KEY ESTATES II, L.C.



FILED Sep 15, 2003 8:00 am Secretary of State 09-15-2003 90096 032 ****50.00

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Principal Plac	e of Business	Mailing Address								
1101-BRICKELL AVE. NORTH TOWER			1101 BRICKELL AVE. NORTH TOWER							
SUITE 400 MIAMI: FL: 33131	ം വൃത്തുകൂടെ എന്ന കുറ്റവും ക	SUITE 400	.		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ं कें क्रिक्		, • •		
2. Principal Place of Business		3. Mailing Address				(1) 				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI Number	65-1140928	Applied For Not Applicable			
Zip	Country	Zip	Zip Country			Certificate of Status Desired				
	6. Name and Address of Current	t Registered Agent			7. Name and A	ddress of New Regi	stered Agent			
· · · · · · · · · · · · · · · · · · ·	AI WALD BIONDO & MORENO, F) A	Name			· · · · · · · · · · · · · · · · · · ·				
	ingraham building	·A·	Street Address			(P.O. Box Number is Not Acceptable)				
	.E. 2ND AVE:: // FL 33131									
, 3			. City				FL Zi	ip Code	÷	
8. The above	named entity submits this statement f	or the purpose of changing it	s registere	ed office or registe	red agent, or both,	in the State of Florida	a. I am familia	r with,	and accept	
the obligat	ions of registered agent.			· .						
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable. (NO	TE: Registere	d Agent signature require	d when reinstating)		DATE			
	angulation types of printed that is on together or age.				,					
		Make Check Payat		FEE IS \$50.00 orida Departme	ent of State					
\$ <u>.</u>				mber 24, 2003						
9.	MANAGING MEMB		10.		l	ADDITIONS/CH	ANGES			
TITLE	MGRM	□ Delete	TITLE					hange	☐ Addition	
NAME	GRAND DEVELOPERS HOLDING CORP			E			•			
STREET ADDRESS	1101 BRÎCKELL AVE., STE 400			ET ADDRESS						
CITY-ST-ZIP	MIAMI FL 33131		CITY	-ST-ZIP						
TITLE	·	☐ Delete	TITLE				□ c	hange	Addition	
NAME STREET ADDRESS	•		NAM	E Et address						
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP			•			
TITLE		☐ Delete	TITLE					hange	☐ Addition	
NAME	يست بدار جامل يوانيه جاري	روادين سينيد وجسينهد	NAM	E		٤, ـــــ	ميت المحد	_		
STREET ADDRESS	- <u></u>			ET ADDRESS						
CITY-ST-ZIP				-ST-ZIP						
TITLE		☐ Delete	TITLE	ì			CI	nange	☐ Addition	
NAME STREET ADDRESS			NAM	ET ADDRESS						
CITY-ST-ZIP				-ST-ZIP						
TITLE		☐ Delete	TITLE				□ c	hange	Addition	
NAME			NAMI						_	
STREET ADDRESS			STRE	ET ADDRESS						
CITY-ST-ZIP	*		CITY-	-ST-ZIP						
TITLE		☐ Delete	TITLE				c	hange	☐ Addition	
NAME		1	NAMI							
STREET ADDRESS		1		ET ADDRESS						
CITY-ST-ZIP		1.		-ST-ZIP						
11 Iboroby o	sortify that the information cumpling wit	h thic filing door not qualify fo	ar tha avai	mation stated in S.	action 110 07/9\/i\	Florida Statutae I fur	that cartify the	at tha ir	tormation	

r riereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(1), 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 cath; that I am a managing member or manager of the limited liability company or the receiver or that the empowered to execute this report as required by Chapter 608, Florida Statutes. SIGN TIRE REQUIRED

SIGNATURE:

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

Date

Daytime Phone #