

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000012706**

1. Entity Name  
**KEY LOCKE PROPERTIES, LLC**



Principal Place of Business  
**201 S. BISCAYNE BLVD., SUITE 1500 (LAD)  
MIAMI, FL 33131**

Mailing Address  
**201 S. BISCAYNE BLVD., SUITE 1500 (LAD)  
MIAMI, FL 33131**



01062005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**CORPORATION COMPANY OF MIAMI  
201 S. BISCAYNE BLVD., SUITE 1500 (LAD)  
MIAMI, FL 33131**

**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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEREZ, LUIS E 201 S. BISCAYNE BLVD, #1500 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BENEDETTI, LUIS 201 S. BISCAYNE BLVD, #1500 (LAD) MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DE PEREZ, LUISA 201 S. BISCAYNE BLVD, #1500 (LAD) MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/25/05-80002-014 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

*February 10, 2005*  
Date

Daytime Phone #