

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000012706 1. Entity Name KEY LOCKE PROPERTIES, LLC	
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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
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01092006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

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

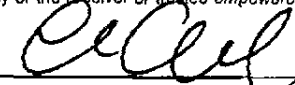
000000493211
04/13/06-00093-024 50.00

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **LUIS DE ARMAS** **3-31-06** **358-6300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Authorized Representative