2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
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

01072008No Chg-LLC CR2E083 (12/07)

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000846639
03/18/08-80036-022 138.75

9. MANAGING MEMBERS/MANAGERS

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

DO NOT WRITE 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: C Allen Auth. Rep 2-25-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #