


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

10/2

DOCUMENT # **L02000024329**
 1. Entity Name
KEY ESCAPE TWO, LLC.



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
03 NOV -7 PM 1:18

DO NOT WRITE IN THIS SPACE

| | | | |
|--|---------|--|---------|
| 2. Principal Place of Business 9990 SW 77th AVENUE | | 3. Mailing Address 9990 SW 77TH AVENUE | |
| Suite, Apt. #, etc. 302 | | Suite, Apt. #, etc. 302 | |
| City & State MIAMI, FLORIDA | | City & State MIAMI, FLORIDA | |
| Zip 33156 | Country | Zip 33156 | Country |

4. FEI Number _____ Applied For _____
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **KEY ESCAPE, LLC.**

Street Address (P.O. Box Number is Not Acceptable)
9990 SW 77TH AVENUE, SUITE 302

City **MIAMI** FL Zip Code **33156**

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

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME <input checked="" type="checkbox"/> MGR STREET ADDRESS CITY - ST - ZIP KEY ESCAPE TWO, LLC. 9990 SW 77th AVENUE, SUITE 302 MIAMI, FLORIDA 33156 | TITLE NAME STREET ADDRESS CITY - ST - ZIP MGR JAMES W. KERN 9990 SW 77th AVENUE, SUITE 302 MIAMI, FLORIDA 33156 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TITLE NAME STREET ADDRESS CITY - ST - ZIP 300023959003 10/21/03 01011 007 50.00 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TITLE NAME STREET ADDRESS CITY - ST - ZIP DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TITLE NAME STREET ADDRESS CITY - ST - ZIP STATEMENT 03 dec |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TITLE NAME STREET ADDRESS CITY - ST - ZIP |

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: _____ Date **10/10/03** Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083B (12/02)

20/2

Key Escape Two, LLC.

9990 SW 77 Avenue Suite 302

Miami, Florida 33156

Office: 305-595-3939

Fax: 305-938-0339

October 10, 2003

Limited Liability Company

Division of Corporations

P.O. Box 6478

Tallahassee, FL 32314-6478

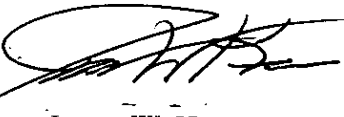
Re: Document #L02000024329 - Key Escape Two, LLC.

Dear Sir/Madam:

Enclosed is the completed annual report for 2003 for the captioned company. This office did not receive the original annual report. When we realized that the annual report had not been filed, we promptly completed and are filing this report together with our check in the amount of \$50.00, which is the corresponding fee. Please waive the late fee in the amount of \$100.

Thank you for your consideration in this matter. Should you have any questions, please contact me.

Sincerely,



James W. Kern

Managing Member