

**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**

DO NOT WRITE IN THIS SPACE

City & State  
**MIAMI, FLORIDA**

City & State  
**MIAMI, FLORIDA**

4. FEI Number

Applied For

Not Applicable

Zip  
**33156**

Country

Zip  
**33156**

Country

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

Signature, typed or printed name of registered agent and title if applicable

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  **MGR**  
STREET ADDRESS **KEY ESCAPE TWO, LLC.**  
CITY-ST-ZIP **9990 SW 77th AVENUE, SUITE 302  
MIAMI, FLORIDA 33156**

TITLE  
NAME **MGR**  
STREET ADDRESS **JAMES W. KERN**  
CITY-ST-ZIP **9990 SW 77th AVENUE, SUITE 302  
MIAMI, FLORIDA 33156**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**300023959003**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**10/21/03 01011 007**

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**

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:

*[Handwritten Signature]*

**10/10/03**

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

Date

Daytime Phone #

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

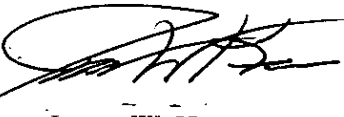
**Re: Document #L02000024329 - Key Escape Two, LLC.**

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