


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Aug 31, 2004 8:00 am
Secretary of State

08-31-2004 90031 034 ****50.00

DOCUMENT # L03000033329	
1. Entity Name DON KEYLEROS VENTURE, LLC	

Principal Place of Business 2665 SOUTH BAYSHORE DR., STE. 200 MIAMI, FL 33133	Mailing Address 2665 SOUTH BAYSHORE DR., STE. 200 MIAMI, FL 33133
---	---

2. Principal Place of Business 2950 SW 27th Ave Suite, Apt. #, etc. Suite 300 City & State Miami, FL Zip 33133 Country USA	3. Mailing Address 2950 SW 27th Ave Suite, Apt. #, etc. Suite 300 City & State Miami, FL Zip 33133 Country USA
---	---



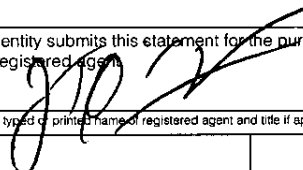
08032004 Chg-LLC CR2E083 (10/03)

4. FEI Number 32-0091220	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent O'NAGHTEN, JUAN T SUITE 200, GRAND BAY PLAZA 2665 SOUTH BAYSHORE DR. MIAMI, FL 33133	
--	--

7. Name and Address of New Registered Agent Name O'Naghten, Juan T Street Address (P.O. Box Number is Not Acceptable) Suite 300 Grove Professional Bldg 2950 SW 27th Ave City miami FL Zip Code 33133	
--	--

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.

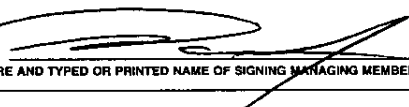
SIGNATURE  **JUAN T. O'Naghten** DATE **8-25-04**

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 8, 2004	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		Manager Rolando Delgado 2950 SW 27th AVE #300 Miami FL 33133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Rolando Delgado** **8-25-04** **305-285-0800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #