2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 27, 2005 08:00 AM Secretary of State DOCUMENT # L03000033329 1. Entity Name DON KEYLEROS VENTURE, LLC Principal Place of Business Mailing Address 2950 SW 27TH AVE 2950 SW 27TH AVE **STE 300** STE 300 MIAMI, FL 33133 MIAMI, FL 33133 04052005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 32-0091220 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent O'NAGHTEN, JUAN T DO NOT WRITE SUITE 300 GROVE PROFESSIONAL BLVG 2950 SW 27TH AVE IN THIS SPACE MIAMI, FL 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 Signature, typed or printed name of registered agent and little if applicable INOTE Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 <u>/27/05-80154-013 50.00</u> MANAGING MEMBERS/MANAGERS 9. TITLE NAME DELGADO, ROLANDO 2950 SW 27TH AVE # 300 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33133 TITLE NAME. STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling does not gualify for the exemption stated in Section 119.07(3)(7), 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 cath; 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 808, Florida Statutes.

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

TITLE

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

IN THIS SPACE

Daytime Phone #

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