

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90265 009 ****50.00

DOCUMENT # L04000006666					
1. Entity Name KEYSTONE HOLDING GROUP, L.L.C.					
Principal Place of Business 10 NW 42ND AVE, STE 400 MIAMI, FL 33126			Mailing Address 10 NW 42ND AVE, STE 400 MIAMI, FL 33126		
2. Principal Place of Business 10 N.W. 42nd AVE.		3. Mailing Address 10 N.W. 42nd AVE.			
Suite, Apt. #, etc. SUITE 700		Suite, Apt. #, etc. SUITE 700			
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA			
Zip 33126 Country USA		Zip 33126 Country USA			
4. FEI Number 68-0577699			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 BRODIE, SIDNEY Z 7270 NW 12TH ST, PH-I MIAMI, FL 33126			7. Name and Address of New Registered Agent Name MOURIZ, MIGUEL A. Street Address (P.O. Box Number is Not Acceptable) 10 N.W. 42nd AVE., SUITE 700 City MIAMI FL Zip Code 33126		
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 3-20-2006		
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOURIZ, MIGUEL <input type="checkbox"/> Delete 10 NW 42ND AVE, STE 400 MIAMI, FL 33126				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PUIG, ENRIQUE <input type="checkbox"/> Delete 10 NW 42ND AVE, STE 400 MIAMI, FL 33126				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOURIZ, REINALDO <input type="checkbox"/> Delete 10 NW 42ND AVE, STE 400 MIAMI, FL 33126				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOURIZ, MIGUEL A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10 N.W. 42nd AVE, SUITE 700 MIAMI, FL 33126				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PUIG, ENRIQUE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10 N.W. 42nd AVE, SUITE 700 MIAMI, FL 33126				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOURIZ, REINALDO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10 N.W. 42nd AVE, SUITE 700 MIAMI, FL 33126				
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"/> Change <input type="checkbox"/> Addition				
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 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:			Date 3-20-2006 (305) 867-1577		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					