


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 06, 2005 8:00 am
Secretary of State

05-02-2005 90084 048 ****50.00

| | |
|---|---|
| DOCUMENT # L04000037929 |  |
| 1. Entity Name KEY BISCAVNE RESEARCH ASSOCIATES LLC | |

| | |
|--|--|
| Principal Place of Business SUITE 31, THE SQUARE 260 CRANDON BOULEVARD KEY BISCAVNE FL 33149 | Mailing Address SUITE 31, THE SQUARE 260 CRANDON BOULEVARD KEY BISCAVNE FL 33149 |
|--|--|

| | |
|---------------------------------------|---------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



1st MOORE CR2E083 (10/04)

| | |
|--|---|
| 4. FEI Number 20-1230951 | 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 ABRAHMSOHN, GLENN 260 CRANDON BOULEVARD SUITE 31, THE SQUARE KEY BISCAVNE FL 33149 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|---|---|


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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

| MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM ABRAHMSOHN, GLENN 260 CRANDON BLVD., STE 31, THE SQUARE KEY BISCAVNE FL 33149 <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 |
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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:  G.M. Abrahamson (305)
CEO/MGRM 4-28-05 361-0778

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

Date

Daytime Phone #