

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90190 027 ***138.75

DOCUMENT # L05000001556					
1. Entity Name KEYSTONE TOWER AFFINITY GROUP, LLC					
Principal Place of Business 1395 BRICKELL AVENUE SUITE 900 MIAMI, FL 33131			Mailing Address 1395 BRICKELL AVENUE SUITE 900 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # 370 Minorca Ave		3. Mailing Address 370 Minorca Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Coral Gables FL		City & State Coral Gables FL		4. FEI Number 20-2197844	
Zip 33134		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PARDO, JEFFREY J 2 SOUTH BISCAYNE BLVD. SUITE 2475 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name: Ximena Berrios Street Address (P.O. Box Number is Not Acceptable): 370 Minorca Avenue City: Coral Gables FL Zip Code: 33134		
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: <u>Ximena Berrios</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4-24-08</u>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOLLY, WILLIAM H 1395 BRICKELL AVENUE, SUITE 900 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	370 Minorca Ave Coral Gables FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date: <u>4-24-08</u> Daytime Phone #: <u>3057770300</u>	