

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90037 026 \*\*\*138.75

|  |   |  |  |  |  |
|--|---|--|--|--|--|
| <b>DOCUMENT # L05000010939</b><br>1. Entity Name<br><b>DB KEY LARGO, LLC</b>   |   |  |  |  |  |
| Principal Place of Business<br><b>501 CONTINENTAL PLAZA<br/>3250 MARY STREET<br/>COCONUT GROVE, FL 33133</b>   |   |  | Mailing Address<br><b>501 CONTINENTAL PLAZA<br/>3250 MARY STREET<br/>COCONUT GROVE, FL 33133</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>3250 Mary Street</b><br>Suite, Apt. #, etc.<br><b>SUITE 402</b><br>City & State<br><b>Coconut Grove, FL</b><br>Zip<br><b>33133</b>  |   | 3. Mailing Address<br><b>3250 Mary Street</b><br>Suite, Apt. #, etc.<br><b>SUITE 402</b><br>City & State<br><b>Coconut Grove, FL</b><br>Zip<br><b>33133</b>  |  |  |  |
| 4. FEI Number<br><b>20-2269492</b>   |   | Applied For<br><input type="checkbox"/> Not Applicable   |  | 04012008 Chg-LLC CR2E083 (12/06)   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |   | 6. Name and Address of Current Registered Agent<br><b>GASSENHEIMER, JAMES D<br/>3250 MARY ST<br/>SUITE 307<br/>COCONUT GROVE, FL 33133</b>   |  |  |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>  |   | 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.<br>SIGNATURE _____ DATE <b>4/30/08</b><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> |  |  |  |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>  |   | <b>Make check payable to<br/>Florida Department of State</b>   |  |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |  | <b>10. ADDITIONS/CHANGES</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR<br/>DBKL MANAGER INCORPORATED<br/>C/O 501 CONTINENTAL PLAZA, 3250 MARY ST<br/>COCONUT GROVE, FL 33133</b> <input checked="" type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR<br/>Michael Goldbers (Receiver)<br/>3250 Mary Street Suite 402<br/>Coconut Grove, FL 33133</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>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. |   |  |  |  |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |   |  | <b>4/30/08</b><br><small>Date Daytime Phone #</small>  |  |  |