

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90276 001 ***100.00

DOCUMENT # L05000109265

1. Entity Name
KEY REALTY DEVELOPMENT LLC



Principal Place of Business
**2601 SOUTH BAYSHORE DRIVE
STE. 200
COCONUT GROVE, FL 33133**

Mailing Address
**2601 SOUTH BAYSHORE DRIVE
STE. 200
COCONUT GROVE, FL 33133**

30005376



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03302006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number
20-4607560

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOPEZ-GARCIA, JORGE LUIS ESQ.
1570 MADRUGA AVENUE
STE. 211
CORAL GABLES, FL 33146**

Name **EDUARDO AVILA**

Street Address (P.O. Box Number is Not Acceptable)
2601 S. BAYSHORE DR #200

City **MIAMI**

FL

Zip Code
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 title if applicable

EDUARDO AVILA

(NOTE: Registered Agent signature required when reinstating)

3/30/06

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☒ Addition
**MGR
KEY REAL ESTATE DEVELOPMENT CORP
2601 S. BAYSHORE DR #200
MIAMI, FL 33133**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ 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:

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

EDUARDO AVILA

3/30/06

Date

305-857-0400

Daytime Phone #