

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000088936

FILED  
Mar 30, 2010  
Secretary of State

Entity Name: KEYBAR 901, LLC

**Current Principal Place of Business:**

881 OCEAN DRIVE, UNIT 25-B  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

881 OCEAN DRIVE,  
APT.25B  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

881 OCEAN DRIVE, UNIT 25-B  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

881 OCEAN DRIVE,  
APT. 25B  
KEY BISCAYNE, FL 33149

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

IRIONDO, ANDRES  
901 PONCE DE LEON BLVD., SUITE 501  
CORAL GABLES, FL 33134    US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: LARA-URBANEJA, JORGE  
Address: AV. 82 NO. 10-62, 6TH FLOOR  
City-St-Zip: BOGOTÍ ½, DC COLOMBIA

Title: MS.  
Name: ROSARIO, LARA  
Address: AV. 82 NO. 10-62, 6TH FLOOR  
City-St-Zip: BOGOTA, DC COLOMBIA

Title: MR.  
Name: LARA-LOPEZ, EDUARDO  
Address: AV. 82 NO. 10-62, 6TH FLOOR  
City-St-Zip: BOGOTA, DC COLOMBIA

Title: MR.  
Name: LARA-LOPEZ, JORGE ALFONSO  
Address: AV. 82 NO. 10-62, 6TH FLOOR  
City-St-Zip: BOGOTA, DC COLOMBIA

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: JORGE LARA-URBANEJA                      MR.                      03/30/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date