

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000008130

FILED
May 14, 2008
Secretary of State

Entity Name: FLORIDA CITY BLUE KEYS, LLC

Current Principal Place of Business:

1001 BRICKELL BAY DRIVE, STE. 3104
MIAMI, FL 33131

New Principal Place of Business:

999 BRICKELL AVENUE
1002
MIAMI, FL 33131

Current Mailing Address:

1001 BRICKELL BAY DRIVE, STE. 3104
MIAMI, FL 33131

New Mailing Address:

999 BRICKELL AVENUE
1002
MIAMI, FL 33131

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

DE CASTRO, ALVARO R
999 BRICKELL AVENUE
1002
MIAMI, FL 33131 US

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: ALVARO R DE CASTRO

05/14/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DE CASTRO, ALVARO
Address: 1001 BRICKELL BAY DRIVE, STE. 3104
City-St-Zip: MIAMI, FL 33131

Title: MGR () Delete
Name: PEREZ, NICOLAS A
Address: 1001 BRICKELL BAY DRIVE, STE. 3104
City-St-Zip: MIAMI, FL 33131

Title: S () Delete
Name: MORALES, VILMARIE
Address: 1001 BRICKELL BAY DRIVE, STE. 3104
City-St-Zip: MIAMI, FL 33131

Title: T (X) Delete
Name: DE CASTRO, ALVARO
Address: 1001 BRICKELL BAY DRIVE, STE. 3104
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DE CASTRO, ALVARO
Address: 999 BRICKELL AVENUE SUITE # 1002
City-St-Zip: MIAMI, FL 33131

Title: MGR (X) Change () Addition
Name: PEREZ, NICOLAS A
Address: 999 BRICKELL AVENUE SUITE # 1002
City-St-Zip: MIAMI, FL 33131

Title: T (X) Change () Addition
Name: DE CASTRO, ALVARO
Address: 999 BRICKELL AVENUE SUITE # 1002
City-St-Zip: MIAMI, FL 33131

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ALVARO DE CASTRO

MGR

05/14/2008

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