

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000084643

FILED
Apr 22, 2010
Secretary of State

Entity Name: CONSULTATIO KEY BISCAYNE, LLC

Current Principal Place of Business:

50 SOUTH POINTE DRIVE
UNIT 1902 / 1903
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

1200 BRICKELL AVENUE
SUITE 1950
MIAMI, FL 33131 US

Current Mailing Address:

50 SOUTH POINTE DRIVE
UNIT 1902 / 1903
MIAMI BEACH, FL 33139 US

New Mailing Address:

1200 BRICKELL AVENUE
SUITE 1950
MIAMI, FL 33131 US

FEI Number: 27-1237769

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROUSSO, MARK E ESQ.
1000 E. HALLANDALE BEACH BLVD.
SUITE B
HALLANDALE BEACH, FL 33009 US

Name and Address of New Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: KATIE WONSCH, ASSISTANT SECRETARY

04/22/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: COSTANTINI, EDUARDO F
Address: 1200 BRICKELL AVENUE, SUITE 1950
City-St-Zip: MIAMI, FL 33131 US

Title: MGR
Name: COSTANTINI, CRISTIAN H
Address: 1200 BRICKELL AVENUE, SUITE 1950
City-St-Zip: MIAMI, FL 33131 US

Title: MGR
Name: CHOUHY, JOSE
Address: 1200 BRICKELL AVENUE, SUITE 1950
City-St-Zip: MIAMI, FL 33131 US

Title: MGR
Name: BRAVE, JORGE
Address: 1200 BRICKELL AVENUE, SUITE 1950
City-St-Zip: MIAMI, FL 33131 US

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: EDUARDO F. COSTANTINI

MGR

04/22/2010

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