

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000000457

FILED
Mar 03, 2008
Secretary of State

Entity Name: KEY BISCAYNE HOLDINGS, L.C.

Current Principal Place of Business:

785 CRANDON BLVD. #1004
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

201 S. BISCAYNE BOULEVARD
20TH FLOOR
MIAMI, FL 33131

New Mailing Address:

200 S. BISCAYNE BOULEVARD
20TH FLOOR
MIAMI, FL 33131

FEI Number: 65-0844808

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCAUGHAN, WILLIAM P ESQ
201 S. BISCAYNE BLVD
MIAMI CENTER 20TH FLOOR
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

MCCAUGHAN, WILLIAM P ESQ
200 S. BISCAYNE BLVD
WACHOVIA FINANCIAL CENTER , 20TH FLOOR
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:

03/03/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BENACERRAF, MERCEDES
Address: 785 CRANDON BLVD., #1004
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGRM () Delete
Name: BENACERRAF, ANDRES
Address: 785 CRANDON BLVD., #1004
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES:

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

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: ANDRES BENACERRAF

MGRM

03/03/2008

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