2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State
01-24-2005 90103 044 ****55.00

DOCUMENT # M03000000678

1. Entity Name
KEY HOME INVESTORS LLC

Principal Place of Business	Mailing Address
1370 AVENUE OF THE AMERICAS, 29TH FLOOR NEW YORK, NY 10019	1370 AVENUE OF THE AMERICAS, 29TH FLOOR NEW YORK, NY 10019

01142005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
C/o Mack, 2115 Linwood Ave		C/o Mack, 2115 Linwood Ave	
Suite, Apt. #, etc. Suite 110		Suite, Apt. #, etc. Suite 110	
City & State Fort Lee NJ		City & State Fort Lee NJ	
Zip 07024	Country USA	Zip 07024	Country USA

4. FEI Number 13-4239295 — Applied For / Not Applicable

5. Certificate of Status Desired X — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ☐ Delete	TITLE	MGRM ☒ Change ☐ Addition
NAME	KH1-FL INVESTORS LLC	NAME	KH1-FL Investors LLC
STREET ADDRESS	1370 AVENUE OF THE AMERICAS, 29TH FLOOR	STREET ADDRESS	c/o Mack, 2115 Linwood Ave, Suite 110
CITY-ST-ZIP	NEW YORK, NY 10019	CITY-ST-ZIP	Fort Lee NJ 07024
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X [signature] David Mack 1/14/2005 (201) 346-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #