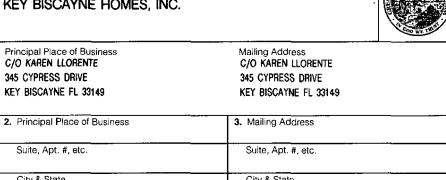
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

M70976 **DOCUMENT #**

1. Entity Name

KEY BISCAYNE HOMES, INC.



FILED Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90236 035 ***150.00

Principal Place of Business C/O KAREN LLORENTE 345 CYPRESS DRIVE KEY BISCAYNE FL 33149			C/O H 345 C	Mailing Address C/O KAREN LLORENTE 345 CYPRESS DRIVE KEY BISCAYNE FL 33149								
2. Principal Place of Business				3. Mailing Address						8 8 8 8 8		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			4.	4. FEI Number NOT APPLICABLE Applied For Not Applica				
Zip	Country			Zip Count			5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name	and Address of Cu	d Agent			7. 1	Name and Address of New R	egistered Ag	jent			
LLORENTE 345 CYPRI KEY BISCA	ESS DRIVE			Name Street Address			s (P.O. Box Number is Not Acceptable)					
				•		City			FL	Zip Code	e	
the obligati	named entitions of regist		ent for the purp	ose of changing its	registered	office or regis	stered ag	ent, or both, in the State of Flo	rida. I am fai	niliar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of registere	agent and title if appl	licable. (NOT	E: Registered A	 gent signature requ	uired when re	einstating)	· DATE			
After	May 1, 200	! FEE IS \$150.00 3 Fee will be \$55 Florida Departmo	0.00			• • • • • • • • • • • • • • • • • • • •		9. Election Campaign Fin Trust Fund Contribution			0 May Be I to Fees	
10.		OFFICERS	AND DIRECTO	RS	11,		AD	DITIONS/CHANGES TO OFF	ICERS AND D	DIRECTORS	3 IN 11	
	D LLORENTE 345 CYNR KEY BISCA	ess dr.		Delete	TITLE NAME STREET	ADDRESS - ZIP				Change	☐ Addition	
	D LLORENTE 345 CYPR KEY BISCA	ESS DR.	_	☐ Delete	TITLE NAME STREET	ADDRESS - ZIP			(Change	☐ Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP		,		☐ Delete	TITLE NAME STREET	ADDRESS ZIP	•		[Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	THTLE NAME STREET / CITY-ST	ADDRESS - ZIP			[Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	TITLE NAME STREET /	l l			[Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	TITLE NAME STREET A					Change	Addition	

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: