## FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT #** 

LPI/KEY WEST ASSOCIATES, LTD.

FILED

97 MAY -1 PM 12: 45

SECRETARTE STATE TALLAHASSEE, FLORIDA



| 1316 SWAMA NE TAMPA F. 39090 US  138 Dear of Last Report Of Anchor Dr. \$18  28. Principal Office Address 1 Harbor Club Drive 1 Harbor Club Drive 39. See Country of Formation F. State May Largo, FL 33037 Country USA 2 P 33037 Country USA 2 P 33037 Country USA 3 P 33037 Country USA 3 Name and Address of Country USA 4 Name And Address of Country USA 3 Name And Address of Country USA 4 Name And Address of Country USA 5 Name Andress of Cou |  |  |                                   |                                |   |                              |   |  |
|---|--|--|-----------------------------------|--------------------------------|---|------------------------------|---|--|
| 2. Mailing Address 2. Mailing Address 3. Principal Office Address 3. Principal Office Address 3. Principal Office Address 4. Rate or Country of Formation F. Conflictor in it Country 3. Suite. Apr 8, etc.  S  | TAMPA FL 33606   | 1318 SWANN AVE.<br>TAMPA FL 33606  | 1318 SWANN AVE.<br>TAMPA FL 33608 |                                |   | Shown on record.             |   |  |
| Suite, Apt. #, etc.  ChipAsSyNCt, Largo, FL 33037  Country USA  Suite, Apt. #, etc.  7. Certificate of Status Decised  P. Nation and Address of Current Registered Agent  10. If charged, new Registered Agent/Office  LEWIS, THOMAS E.  138 A SYMANN AVE.  TAMPA FL 33606  Streen Address, Office Dec Number in Not Acceptable)  Suite, Apt. #, etc.  ON Key Largo  FL 2° \$3037  10a. Pursuant to the productors of sections 620 1051 and 620 192. Fiscide Statute, the above nemed effects build be produced under the less of the State of Fortificate pagent family the synthetic pagent agent from third review of acceptable of ediglication of section 620 1051, Prioride Statute and Fortificate pagent family expensed of changing its registered dipor or registered agent family review and acceptable particles. Interest pagent family expensed particles, Interest pagent family expensed pagent family  |  | 00   |                                   | <u> </u>                       |   | 5b. Amou<br>Contri<br>to dat | nt of Capital<br>butions in FLORIDA<br>e: |  |
| Confide Spirit Largo, FL 33037 Country USA Zip 33037 Country USA B. Make check psychia for Dept of State (See reverse acts for New Information  9. Name and Address of Current Registered Agent  10. If changed, new Registered AgentAfforce  LEWIS, THOMAS E. 1318 A SWANN AVE.  TAMPA FL 33808  Siever Address (Pr. Disc. Number is 1804 Acceptable)  Solik, Apr. F. etc.  10. Anchor Dr. #18  Siever Address (Pr. Disc. Number is 1804 Acceptable)  Solik, Apr. F. etc.  10. Anchor Dr. #18  Solik, Apr. F. etc.  Solik, Apr. F. etc.  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Numcicy of Consuel Partner(s)  12. Ico breaty certify that the Information applied with this fing is yourseled years of the Consuel Partner(s)  12. Ico breaty certify that the Information applied with the fing is yourseled years of yoursel  |  |  | Drive                             | FL                             | -   |                              |   |  |
| Country USA Zip 33037 Country USA Zip 25 Zi  | Suite, Apt. #, etc.  |  |                                   |                                |   | T RO-20000068 Applied For    |   |  |
| 29. Name and Address of Current Registered Agent  10. If changed, new Registered AgentOffice  LEWIS, THOMAS E. 1318 A SWANN AVE.  110. Anchor. Dr \$18.  110. Anchor. Dr.  |  | City & State Key Largo,  | City & State Key Largo, FL        |                                | 7. Certificate of Status Desired 88.75 A  |                              | \$8.75 Additional                         |  |
| Name  | Zip 33037 Country USA  | <sup>Zip</sup> 33037   | Zip 33037 Country USA             |                                | 8. Make check payable to: Dept. of State (See reverse side for fee information) |                              |   |  |
| TAMPA FL 33608  Sireu Address (F.O. Bio Number in the Acceptables)  100. Anchor Dr. \$18  Sille, Apt. #, etc.  Only Key Largo  Chy Key Largo  FL Zo 33037  10a. Pursuand to the provisions of excions 670 1051 and 620 102. Forcids Statutes, the above memor limited portnership prograted or registered under the leves of the State of Florida, but the first the purpose of changing the registered office or registered agent. or both, in the State of Florida, Such change was sufficiently by the general partnership.  SIGNIATURE (Registered Agent Acceptant Appointment)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s)  11a. (Additions, Corp. of Early Special Partner)  11b. City, State 6. 2/p. Code  11c. Decement Number  11b. City, State 6. 2/p. Code  11c. Decement Number  12c. Lot berefly certify that the information supplied with this filting is systematic further does not qualify for the examples stated in Section 110/73/9/), Florida Statute. Irelease the Division of this amount applied with this filting is systematic further of the partnership property from public access. I further certify that the information supplied with this filting is systematic further of the partnership property from public access. I further certify that the information supplied with this filting is systematic further of the information supplied is determed assempt from public access. I further certify that the information incleated on this amount applied to one complete 600. Florida Statutes in release the Division of the amount acceptance and that may accept any the partner of the immediated on this amount acceptance and that may accept any the same legal effects as it made under cath. I further certify that I am a General Partner of the immediated on this amount acceptance and that may accept any the same legal effects as it made under cath. I further certify that I am a General Partner of the immediated on the partner of the  | 9. Name and Address of Curren  | t Registered Agent   |                                   | 10. If change                  | d, new Registered /   | Agent/Office                 |   |  |
| TAMPA FL 33608    Suite, Apt. #, etc.   | LEWIS, THOMAS E.   |  |                                   | Name Thomas E. Lewis           |   |                              |   |  |
| Sidile, Apt. #. etc.  City Key Largo  FL  29 33037  10a. Pursuant to the provisions of sections 620 1051 and 620 1392. Forcide Statutes, the above amend for the provisions of sections 620 1051 and 620 1392. Forcide Statutes to Florida. Such change was authorized for registered under the less of the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620 192. Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s)  11a. (Do NOT Use Fast Office 800 Numbers)  LPI/KEY WEST, INC.  1318 A SWANN AVE.  TAMPA FL 338006  L35006  L35006  SDDDD21 5 76.95 - 7-05/06/97 - 01082 - 008  | 1318 A SWANN AVE.  |  |                                   |                                |   |                              |   |  |
| 10a. Pursuant to the provisions of sections 620 1051 and 620 192. Florida Statutes, the above-marked limited partnership organized under the laws of the State of Florida. submits this statement for the purpose of changing by registered office or registered spent. It is the provisions of sections of section 620-192. Florida Statutes.  SIGNATURE (Registered Agont Accepting Appointment)  DATE  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s)  11a. (po 600 to 186 Port Mice So Numbers)  LPI/KEY WEST, INC.  1318 A SWANN AVE.  1318 A SWANN AVE.  TAMPA FL 33808  L35086  L35086  Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner.  12. I do hereby certify that the information supplied with this firing is regulated and does not qualify for the exemption stated in Section 110.07(3)(s), Florida Statutes. I release the Division of Corporations from any lability of non-complance with Section 19.07(3)(s) in the event that the information supplied is deemed exempt from public access. Limited partnership, receiver or trusted or representation section in the annual register flory from the section of the information in the section of the section of the information in the section of the section of the information in the section of the information in the section of the information in the information in the section of the information indicates.  SIGNATURE  Typed or Firsted Name of General Partner Signing Form  Dayline Telephone Number  | TAMPA FL 33608   |  | Suite, Apt. #, etc.               |                                |   |                              |   |  |
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| 11. Name(s) of General Partner(s)  11a. (no NOT Use Fool Office Sor Numbers)  LPI/KEY WEST, INC.  1318 A SWANN AVE.  TAMPA FL 33606  L35066  L35066  L35066  L35066  Note: General partners MAY NOT be changed on this form; an amendment must be flied to change a general partner.  12. It co hereby certify that the information supplied with this fining is yountarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes I release the Division of Corporations from any lability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is tree and accurate and that my signs are shall have the game legal effects as if made under oath. I further certify that I am a General Partner of the irrited partnership, receiver or truste empowered to execute this report as required by implied 500. Fiorida Statutes.  SIGNATURE  DATE  Daytime Telephone Number  | SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT                                      | IS A CORPORATION,  | LIMITED                           | PARTNERSHIP                    | OR OTHER  | BUSI                         | NESS ENTITY                               |  |
| SDOOD 21 57695—7 -05/06/9?—01082—009 *****200.00  ******200.00  *******200.00  *******200.00  *******200.00  *******200.00  *********200.00  **********   | ·  |  | <del></del>                       |                                |   |                              |   |  |
| Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner.  12. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Floride Statutes I release the Division of Corporations from any liability of non-compliance with Section 19.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signs for shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trusted empowered to execute this report as required to execute this report as required to execute this report as required to execute the control of the limited partnership. The exemption statutes.  SIGNATURE  DATE  DATE  Destine Telephone Number   | LPI/KEY WEST, INC.   | 1318 A SWANN AVE.  | 1318 A SWANN AVE.                 |                                | AMPA FL 33606   |                              | L35066                                    |  |
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| Corporations from any hability of non-compliance with Section 19.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my slope fire shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trusted empowered to execute this report as required to execute this report as required to execute this report as required to execute the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trusted empowered to execute this report as required to execute the information indicated on the information to execute this report as required  | Note: General partners MAY NO  | T be changed on this for   | n; an am                          | endment must be f              | iled to char  | nge a g                      | eneral partner.                           |  |
| Typed or Printed Name of General Partner Signing Form   | Corporations from any liability of non-compliance wit<br>this annual report is true and accurate and that my s | h Section 119.07(3)(k) in the event that the in<br>ions are shall have the same legal effects as | nformation supp                   | lied is deemed exempt from put | olic access. I further  | certify that 1               | he information indicated on               |  |
| <u> </u>  | SIGNATURE  |  |                                   | <u> </u>                       | DATE  | 4/30                         | 197                                       |  |
|   | Typed or Printed Name of General Partner Signing Form  |  |                                   | Daytime Telephi                | one Number  |                              | 0007712                                   |  |