

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 29 PM 2:29

1. Name of Limited Partnership LPI/KEY WEST ASSOCIATES, LTD.	1a. DOCUMENT # A29383
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Mailing Address 100 ANCHOR DRIVE, #18 KEY LARGO FL 33037	Principal Office Address 1 HARBOR DRIVE KEY LARGO FL 33037 US	3. Date Formed or Registered 12/21/1989	5a. Capital Contributions as Shown on record. \$200.00
		3a. Date of Last Report 04/08/1998	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address 8925 SW 148 ST Suite, Apt. #, etc. #218 City & State MIAMI FL Zip 33176 Country DADE	2a. Principal Office Address 8925 SW 148 ST Suite, Apt. #, etc. #218 City & State MIAMI FL Zip 33176 Country DADE	4. State or Country of Formation FL	6. FEI Number 59-3080066
		7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent LEWIS, THOMAS E. 100 ANCHOR DR., #18 KEY LARGO FL 33037	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 8925 SW 148 ST Suite, Apt. #, etc. #218 City MIAMI FL Zip Code 33176
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in 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) _____

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) LPI/KEY WEST, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 100 ANCHOR DRIVE, #18 8925 SW 148 ST #218	11b. City, State & Zip Code KEY LARGO FL 33037 MIAMI FL 33176	11c. Registration/Document Number L35066
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do 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), Florida Statutes. I release the Division of Corporations from any liability 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 true and accurate and that my signature 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 trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE _____

DATE 12-15-98

Typed or Printed Name of General Partner Signing Form

THOMAS E. LEWIS

Daytime Telephone Number

305-969-1444

CR2E003 (8/98)