

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A29383**

1. Entity Name

**LPI/KEY WEST ASSOCIATES, LTD.**

Principal Place of Business

**8925 SW 148TH ST #218  
MIAMI FL 33176  
US**

Mailing Address

**8925 SW 148TH ST #218  
MIAMI FL 33176  
US**

**FILED**

**01 AUG 31 PM 12:17**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

**3326 Mary St.  
Suite, Apt. #, etc.  
302**

3. Mailing Address

**3326 Mary St.  
Suite, Apt. #, etc.  
302**

**DUE BY SEPTEMBER 26, 2001**

City & State

**Coconut Grove, FL**

City & State

**Coconut Grove, FL**

4. FEI Number

**59-3080066**

Applied For

Not Applicable

Zip

Country

**33133-1900**

**USA**

Zip

Country

**33133-1900**

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SKRLD, INC.**

**201 ALHAMBRA CIRCLE, #1102**

**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$200.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **L35086**  
NAME **LPI/KEY WEST, INC.**  
STREET ADDRESS **8925 SW 148TH ST #218**  
CITY-ST-ZIP **MIAMI FL 33176**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

**3326 Mary St., Ste. 302**

CITY-ST-ZIP

**Coconut Grove, FL 33133-1900**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Thomas E. Lewis 8/2/01 305-448-4124**

Date

Daytime Phone #

CR2E003 (5/01)