


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # A29383					
1. Entity Name LPI/KEY WEST ASSOCIATES, LTD.					
Principal Place of Business 2200 S. DIXIE HWY., 702B MIAMI, FL 33133 US			Mailing Address 2200 S. DIXIE HWY., 702B MIAMI, FL 33133 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$200.00			10. Amount of Capital Contributions in FLORIDA to date.		
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	L35066		STREET ADDRESS		
NAME	LPI/KEY WEST, INC.		CITY-ST-ZIP		
STREET ADDRESS	2200 S. DIXIE HWY., 702B				
CITY-ST-ZIP	MIAMI, FL 33133				
DOCUMENT #			STREET ADDRESS	1000000104612	
NAME			CITY-ST-ZIP	04/06/04-80019-009 141.25	
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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: <u>Thomas E. Lewis</u>			3/29/04 305 856-6968		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE