

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90011 001 ***150.00

DOCUMENT # 564450

1. Entity Name
KEY BISCAVNE LAND CORPORATION

Principal Place of Business
**C/O SONESTA HOTELS
 200 CLARENDON ST. 41ST FLOOR
 BOSTON MA 02116**

Mailing Address
**C/O SONESTA HOTELS
 200 CLARENDON ST. 41ST FLOOR
 BOSTON MA 02116-5021**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **06-0974518**

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DC	<input type="checkbox"/> Delete
NAME	SONNABEND, ROGER	
STREET ADDRESS	200 CLARENDON ST 41ST FL	
CITY-ST-ZIP	BOSTON MA 02116	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SONNABEND, STEPHEN	
STREET ADDRESS	350 OCEAN DRIVE	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	SONNABEND, PETER	
STREET ADDRESS	200 CLARENDON ST 41ST FL	
CITY-ST-ZIP	BOSTON MA 02116	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	VAN RIEL, BOY A.J.	
STREET ADDRESS	200 CLARENDON ST. 41ST FL	
CITY-ST-ZIP	BOSTON MA 02116	
TITLE	AS	<input type="checkbox"/> Delete
NAME	RAKOUSKAS, DAVID A.	
STREET ADDRESS	200 CLARENDON ST. 41ST FL	
CITY-ST-ZIP	BOSTON MA 02116	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER J. SONNABEND 2/3/00 (617) 421-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)