

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 JUL -5 AM 10:55

DOCUMENT # A0100000407

1. Entity Name
 KEYS INDUSTRIES PROPERTY, LTD.



Principal Place of Business
 1418 CIRCLE DRIVE
 TARPON SPRINGS, FL 34689

Mailing Address
 P.O. Box 679
 Eifers, FL. 34680-0679

Handwritten initials



2. Principal Place of Business		3. Mailing Address		05102005	Chg-LP	CR2E003 (10/03)
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number	Applied For	
Zip		Country		59-3709064	Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MARQUARDT, EMIL C JR, ESQ 625 COURT STREET, SUITE 200 CLEARWATER, FL 33756				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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$990.00	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 #	L01000003596	STREET ADDRESS	P.O. Box 679
NAME	KEYFAM, LLC	CITY-ST-ZIP	Eifers FL. 34680-0679
STREET ADDRESS	1418 CIRCLE DRIVE		
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	100057424231
NAME		CITY-ST-ZIP	07/13/05--01054--014 **141.25
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Clyde J. Keys 5/10/2005 727 372-1355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #