

2005 LIMITED PARTNERSHIP ANNUAL REPORT


Due By May 1, 2005

FILED

2005 FEB 23 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A03000001695					
1. Entity Name WL KEY BISCAVNE LTD.					
Principal Place of Business 3250 MARY ST, STE 500 MIAMI, FL 33133			Mailing Address 3250 MARY ST, STE 500 MIAMI, FL 33133		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01102005 Chg-LP CR2E003 (10/03)	
4. FEI Number 20-0484353				Applied For 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		
STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON, P.A.-RICHARD E SCHATZ 150 W FLAGLER ST, STE 2200 MIAMI, FL 33130			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. \$1,000.00			10. Amount of Capital Contributions in FLORIDA to date. \$8,977,968		
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 #	L03000050382		STREET ADDRESS	3250 Mary Street Suite 500	
NAME	WLKB, LLC		CITY-ST-ZIP		
STREET ADDRESS	3250 MARY ST, STE 501		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: WLKB, LLC Donald E. Lefton			02/01/2005 305-445-2493		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE

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2/05
Lefton