## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

## Feb 01, 2006 08:00 AM DOCUMENT # A03000001695 **Secretary of State** 1. Entity Name WL KEY BISCAYNE LTD. Principal Place of Business Mailing Address 3250 MARY ST, STE 500 3250 MARY ST, STE 500 MIAMI, FL 33133 MIAMI, FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092006 CR2E003 (11/05) Chg-LP City & State City & State 4. FEI Number Applied For 20-0484353 Not Applicable Zip Zio Country Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEARNS WEAVER MILLER WEISSLER ALHADEFF & Street Address (P.O. Box Number is Not Acceptable) SITTERSON, P.A.-RICHARD E SCHATZ 150 W FLAGLER ST, STE 2200 MIAMI, FL 33130 City 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, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY L03000050382 DOCUMENT # STREET ADDRESS WLKB, LLC NAME STREET ADDRESS 3250 MARY ST, STE 500 DITY-ST-7IP CITY-ST-702 MIAMI, FL 33133 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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SIGNATURE: SHERWOOD M. WEISER 1/21/2006 305-445-249

14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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