


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN -8 AM 9:55

DOCUMENT # A03375					
1. Entity Name SAND KEY ASSOCIATES LIMITED PARTNERSHIP					
Principal Place of Business 1160 GULF BLVD CLEARWATER BEACH, FL 33767			Mailing Address 1160 GULF BLVD CLEARWATER BEACH, FL 33767		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1581122	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KIMBALL, RUSSELL A JR. 1160 GULF BOULEVARD CLEARWATER BEACH, FL 34640			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. \$660,000.00		10. Amount of Capital Contributions in FLORIDA to date.		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
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 #	833825	STREET ADDRESS			
NAME	SEAWAY HOTELS CORP.	CITY-ST-ZIP			
STREET ADDRESS	1160 GULF BLVD.				
CITY-ST-ZIP	CLEARWATER, FL 34630				
DOCUMENT #		STREET ADDRESS			
NAME		CITY-ST-ZIP			
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NAME		CITY-ST-ZIP		06/21/05--01069--002 **535.00	
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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: <u>Executive VP/General Mgr</u> 727-595-1611 Date: 6/31/05 Daytime Phone #					

STAPLE CHECK HERE