

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 13 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2/4/15

1. Name of Limited Partnership
KEY COVE LTD

1a. DOCUMENT #
A04398

Mailing Address
**300 WEST DIXIE AVENUE
LEESBURG FL 34748**

Principal Office Address
**300 WEST DIXIE AVENUE
LEESBURG FL 34748**

3. Date Formed or Registered
07/09/1975

5a. Capital Contributions as
Shown on record.
\$13,270.00

3a. Date of Last Report
11/06/1995

5b. Amount of Capital
Contributions in FLORIDA
to date:

2. Mailing Address
Suite, Apt. #, etc.

2a. Principal Office Address
Suite, Apt. #, etc.

4. State or Country of Formation
FL

City & State

City & State

6. FEI Number
59-1648353
☐ Applied For
☒ Not Applicable

Zip Country

Zip Country

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

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent
**HABER, FLORA JO
300 WEST DIXIE AVENUE
LEESBURG FL 34748**

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City **FL** Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
HABER, FLORA JO	300 WEST DIXIE AVENUE	LEESBURG FL	200002008622--7 -11/19/96--01151--010 ****240.39 ****240.39

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Flora Jo Haber*
Typed or Printed Name of General Partner Signing Form **FLORA JO HABER**

DATE **11-8-96**
(352) 787-6700

CR2E003 (6/96)