

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

| | | | | | |
|---|-----------------------|-----|--|---|-------------|
| DOCUMENT # A04398 | | | |  | |
| 1. Entity Name KEY COVE LTD | | | | | |
| Principal Place of Business 300 WEST DIXIE AVENUE LEESBURG, FL 34748 | | | Mailing Address 300 WEST DIXIE AVENUE LEESBURG, FL 34748 | | |
| 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 59-1648353 | |
| | | | | 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 | | | | 7. Name and Address of New Registered Agent | |
| HABER, FLORA JO 300 WEST DIXIE AVENUE LEESBURG, FL 34748 | | | | 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. \$13,270.00 | | | 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 # | HABER, FLORA JO | | STREET ADDRESS | | |
| NAME | 300 WEST DIXIE AVENUE | | CITY-ST-ZIP | | |
| STREET ADDRESS | LEESBURG, FL | | | | |
| CITY-ST-ZIP | | | | | |
| DOCUMENT # | | | STREET ADDRESS | 300038052613 | |
| NAME | | | CITY-ST-ZIP | 06/18/04--01006--017 **190.39 | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| DOCUMENT # | | | STREET ADDRESS | | |
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| STREET ADDRESS | | | | | |
| 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: <i>Flora Jo Haber</i> | | | 6-8-04 (352) 787-6700 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | | Date Daytime Phone # | | |

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



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