## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A08693  1. Entity Name				FILED.		
KEYES INVESTORS SERIES 20, LTD.				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS		
Principal Place of Business  1 S.E. THIRD AVENUE. 11TH FLOOR MIAMI FL 33131  Mailing Address  1 S.E. THIRD AVENUE. 11TH FLOOR MIAMI FL 33131-1700				OR	00 MAY 16 PM 1:33	
2. Principal Place of Business 3. Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE	
City & State	City & State City & State				4. FEI Number 59-2068237 Applied For Not Applicable	
-∕Zìp	Country	Zip Count		try	5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent	
FRIEDLANDER, BRUCE D.				Street Address (P.O. Box Number is Not Acceptable)		
FRIEDLANDER & ASSOCIATES P.A.  1 S.E. THIRD AVENUE, SUITE 1101				Silest radiose (i.e. sax raines is rain estimate)		
MIAMI FL 33131				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.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
9. Capital Contributions as Shown on record				butions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
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.				<u> </u>	ADDRESS CHANGES ONLY	
DOCUMENT # : NAME	H09699 KPA, INC. 1 S.E. THIRD AVENUE, 11TH FLOOR MIAMI FL 33131		STRI	EET ADDRESS		
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indicated	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 (20), Florida Statutes					

Daytime Phone #