2002 UNIFORM B	USINESS REPO	RT (UBR)	1/2
DOCUMENT # A08  1. Entity Name	693		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS
KEYES INVESTORS SERIES 20, LTD			
			02 MAY -2 PM 1: 45
Principal Place of Business  1 S.E. THIRD AVENUE. 11TH FLOOR MIAMI FL 33131	Mailing Address  1 S.E. THIRD AVENUE. 11  MIAMI FL 33131	ITH FLOOR	
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc. Suite, Apt. #, etc.		<u></u>	DUE BY MAY 1, 2002
City & State City & State			4. FEI Number 59-2068237 Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired
6. Name and Address of Ci	urrent Registered Agent		.7. Name and Address of New Registered Agent
		Name	
FRIEDLANDER, BRUCE D. FRIEDLANDER & ASSOCIATES P.A. 1 S.E. THIRD AVENUE, SUITE 1101 MIAMI FL 33131		Street Addr	ress (P.O. Box Number is Not Acceptable)
		City	FL Zip Code
8. The above named entity submits this staten	nent for the purpose of changing its	registered office or reg	gistered agent, or both, in the State of Florida.
SIGNATURE			
Signature, typed or printed name of registered agent and title if applicable.			DATE
9. Capital Contributions as Shown on record. \$485,800.00 in FLORIDA to date		ate.	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.			
	RTNER INFORMATION	13.	ADDRESS CHANGES ONLY
DOCUMENT / H09699  NAME KPA, INC.  STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME TIEMEYER, THEODORE N. STREET ADDRESS CITY-ST-ZIP TIEMEYER, THEODORE N.  1 S.E. THIRD AVENUE, 11TH FLOOR MIAMI FL 33131		STREET ADDRESS	
		CITY-ST-ZIP	and the second s
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	<b>400005558574</b> 5 -05/20/0201009007
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DOCUMENT # NAME		STREET ADDRESS	
STREET ADIPRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	·
STREET ADDRESS			

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

CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

CHARLED THE PAPPAR

4-29.02 305-371-3592
Date Daytime Phone #