



**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 SECRETARY OF STATE DIVISION OF CORPORATIONS 96 NOV 20 PM 3:47 	
1. Name of Limited Partnership KEY PLAZA APARTMENTS, LTD.		1a. DOCUMENT # A15526		3. Date Formed or Registered 10/19/1983	
Mailing Address POST OFFICE BOX 129 KEY WEST FL 33041		Principal Office Address 105 E. TRUMAN AVE. KEY WEST FL 33041		3a. Date of Last Report 11/28/1995	
2. Mailing Address		2a. Principal Office Address		4. State or Country of Formation FL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number 59-0356580	
City & State		City & State		7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		Zip Country		8. Make check payable to: Dept. of State (See reverse side for fee information)	
5a. Capital Contributions as Shown on record \$1,000.00		5b. Amount of Capital Contributions in FLORIDA to date:		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	

9. Name and Address of Current Registered Agent O'BRIEN, JOHN E. 1216 VARELA ST. KEY WEST FL 33040		10. If changed, new Registered Agent/Office	
		Name	
		Street Address (P.O. Box Number Is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	

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	
O'BRIEN, JOHN E.		1216 VARELA ST.		KEY WEST FL			
RINEHART, J. R.		#3 ISLAND DR.		ROBBINSVILLE NC			
BYRNE, CATHERINE KAY		7412 SW 47TH AVE.		MIAMI FL			

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 _____ **JOHN E. O'BRIEN** DATE **NOVEMBER 18, 1996**
 Typed or Printed Name of General Partner Signing Form **MANAGING GENERAL PARTNER** Daytime Telephone Number **305-294-2626**