

2001 UNIFORM BUSINESS REPORT (UBR)

0003514 AF

DOCUMENT # A15526
 1. Entity Name: **KEY PLAZA APARTMENTS, LTD.**

FILED

Principal Place of Business: **105 E. TRUMAN AVE. KEY WEST FL 33041**
 Mailing Address: **POST OFFICE BOX 129 KEY WEST FL 33041**

01 MAY -3 PM 12:05
SECRETARY OF STATE TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: City & State
 Zip: Country

4. FEI Number: **65-0199292**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
O'BRIEN, JOHN E.
107 HILLCREST
LONGWOOD FL 32779

7. Name and Address of New Registered Agent
 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.

SIGNATURE: _____ (Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record: **\$1,000.00**
 10. Amount of Capital Contributions in FLORIDA to date:
 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	
DOCUMENT #	O'BRIEN, JOHN E.
NAME	107 HILLCREST
STREET ADDRESS	LONGWOOD FL 32779
CITY-ST-ZIP	
DOCUMENT #	RINEHART, J. R.
NAME	#3 ISLAND DR.
STREET ADDRESS	ROBBINSVILLE NC
CITY-ST-ZIP	
DOCUMENT #	BYRNE, CATHERINE KAY
NAME	5998 W/S 87TH STREET
STREET ADDRESS	MIAMI FL 33143
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	400004334224-1
CITY-ST-ZIP	-05/30/01--01032--029
	****685.00 ****342.50
STREET ADDRESS	6150 S.W. 76th Street
CITY-ST-ZIP	MIAMI, FL 33143
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

Handwritten notes:
 245.00 LP
 88.75 - Ann
 8.75 - cut

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: John E. O'Brien 4-25-2001 305-294-2626
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)