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(City/State/Zip/Phone #)

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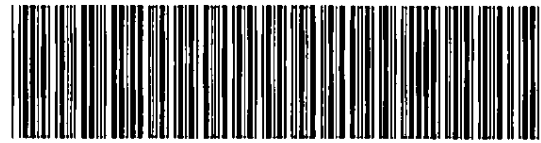
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Key Biscayne, L.P.

Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A18000000582

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Conrad E. Bon

Contact Person

Key Biscayne, L.P.

Firm/Company

375 Harbor Court

Address

Key Biscayne, FL 33149

City, State and Zip Code

Conrad.bon@bon-real-estate.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Conrad E. Bon _____ at (786 _____) 637-3003
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

