



**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

| | | | | | |
|--|--|--|--|--|--|
| LIMITED PARTNERSHIP ANNUAL REPORT 1997 | |  <p>FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS</p> | | <p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>99 OCT 20 PM 12:33</p>  | |
| 1. Name of Limited Partnership KEY BISCAVNE LIMITED PARTNERSHIP | | 1a. DOCUMENT # A18619 | | | |
| Mailing Address C/O STRATEGIC REALTY ADVISORS, INC. 8700 W. BRYN MAWR AVENUE, SUITE 900 CHICAGO IL 60631 | | Principal Office Address C/O STRATEGIC REALTY ADVISORS, INC. 8700 W. BRYN MAWR AVENUE, SUITE 900 CHICAGO IL 60631 | | 3. Date Formed or Registered 12/21/1984 3a. Date of Last Report 09/26/1995 4. State or Country of Formation FL | |
| 2. Mailing Address Strategic Realty Advisors 630 Dundee Suite, Apt. #, etc. Suite 220 City & State Northbrook, IL Zip Country 60062 USA | | 2a. Principal Office Address Strategic Realty Advisors 630 Dundee Suite, Apt. #, etc. Suite 220 City & State Northbrook, IL Zip Country 60062 USA | | 5a. Capital Contributions as Shown on record \$100.00 5b. Amount of Capital Contributions in FL ORIDA to date <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. FEI Number 36-3363003 7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information) | |

| | | | |
|--|--|---|--|
| 9. Name and Address of Current Registered Agent PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 | | 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City <div style="text-align: right;"> FL Zip Code </div> | |
| 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) VMS REALTY INVEST., LTD. KEY BISCAVNE BEACH HOTEL | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) LTD 8700 BRYN MAWR AV 8700 W. BRYN MAWR AVE | 11b. City, State & Zip Code CHICAGO IL CHICAGO IL | 11c. Registration/Document Number A26361 A19913 |
| 700001992527--3 -10/31/96--01075--024 ****191.25 ****191.25 <i>dec</i> | | | |

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 _____ DATE **October 16, 1996**

Typed or Printed Name of General Partner Signing Form **Joel A. Stone, authorized signatory** Daytime Telephone Number **847.714.9696**

CR2E003 (6/96)