## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999

KEY BISCAYNE LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1. Name of Limited Partnership

A18619

## **DOCUMENT#**

## FILED 98 SEP 25 PM 1: 20

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Mailing Address		Principal Office Address	Principal Office Address		3. Date Formed or Registered		5a. Capital Contributions as Shown on record.	
C/O STRATEGIC REALTY ADVISORS, INC.		C/O STRATEGIC REALTY ADVISO	C/O STRATEGIC REALTY ADVISORS. INC. 630 DUNDEE. SUITE 220		12/21/1984		\$100.00	
630 DUNDEE. SUITE 220					3a. Date of Last Report		\$100.00	
NORTHBROOK IL 60062		NORTHBROOK IL 60062	NORTHBROOK IL 60062		02/20/1998	5b. Amount of Capital Contributions in FLORIDA		
	_				4. State or Country of Formation	Cont to de	ributions in FLORIDA le:	
2. Malling Address		2a. Principal Office Address	2a. Principal Office Address		FL			
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		6, FEI Number 36-3363003	Applied For		
City & State		City & State	City & State				☐ Not Applicable	
Zip Country		Zip	Zip Country		7. Certificate of Status Desired		\$8.75 Additional Fee Required	
ΣIP	Country	Zip Country		-	8. Make check payable to: Dept. of State (See reverse side for fee Information)			
				·				
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office					
PRENTICE-HALL CORPORATION SYSTEM, INC.			Name					
1201 HAYS S		i, 110.	Street Address (P.O. Suite, Apt. #, etc.		P.O. Box Number is Not Acceptable)			
SUITE 105	THEE							
TALLAHASSE	E FL 32301							
,, 25 ,, 4 ,004	<b>2</b> · C • C • C • C • C • C • C • C • C • C		City		FL Zip Code			
for the purp agent. I am	ose of changing its registered office o	and 620.192, Florida Statutes, the above-name registered agent, or both, in the State of Flork ns of section 620.192, Florida Statutes.						
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 Genera	Partner x Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number	
	VMS REALTY (NVST., LTD.  \$TO: 8700: BRXN *MAWPKAV 630 Dundee Road, Ste.  KEY BISCAYNE BEACH HOTEL  \$700: WX: BRYNIMAWPK AVEX			B州BAGG 机x .220, Northbrook, IL 60062 B州BAGG 机x .220, Northbrook, IL 60062			A <b>26</b> 361 A <b>199</b> 13	
Ą					900002 -09/30 *****1	852 788-0 41.25	7094 1078002 ****141.25	
<del></del>					dec			
Note: Gene	ral partners MAY NO	T be changed on this form	ı; an amei	ndmei	nt must be filed to cha	inge a <b>g</b>	eneral 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 \_\_

Typed or Printed Name of General Partner Signing Form

Joel A. Stone, Authorized Signatoria Telephone Number 847-714-9600

DATE September 28, 1998