

# 2001 UNIFORM BUSINESS REPORT (UBR)

0016662 AF

**DOCUMENT # A18619**

1. Entity Name

**KEY BISCAYNE LIMITED PARTNERSHIP**

**FILED**

Principal Place of Business

Mailing Address

01 FEB -5 AM 11:59

C/O STRATEGIC REALTY ADVISORS, INC.  
630 DUNDEE, SUITE 220  
NORTHBROOK IL 60062

C/O STRATEGIC REALTY ADVISORS, INC.  
630 DUNDEE, SUITE 220  
NORTHBROOK IL 60062  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

**36-3363003**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$100.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **A26361**  
NAME **VMS REALTY INVST., LTD.**  
STREET ADDRESS **630 DUNDEE ROAD, STE 220**  
CITY-ST-ZIP **NORTHBROOK IL 60062**

STREET ADDRESS

CITY-ST-ZIP

**200003673312--7**

**-02/12/01--01002--022**

**\*\*\*141.25 \*\*\*141.25**

DOCUMENT # **A19913**  
NAME **KEY BISCAYNE BEACH HOTEL**  
STREET ADDRESS **630 DUNDEE ROAD, STE 220**  
CITY-ST-ZIP **NORTHBROOK IL 60062**

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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:**

**Joel A. Stone,**  
**Authorized Signatory**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/1/01

Date

847-562-4500

Daytime Phone #

CR2E003 (11/00)