

2001 UNIFORM BUSINESS REPORT (UBR)

0003515 AF

DOCUMENT # A19687

1. Entity Name

KEY PLAZA APARTMENTS-II, LTD.

FILED

01 MAY -3 PM 12:05

Principal Place of Business

105-E TRUMAN AVE.
KEY WEST FL 33041

Mailing Address

POST OFFICE BOX 129
KEY WEST FL 33041

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0199292

Applied For

Not Applicable

Zip

Country

Zip

Country

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

O'BRIEN, JOHN E.
107 HILLCREST
LONGWOOD FL 32779

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.

\$650,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
O'BRIEN, JOHN E.
107 HILLCREST
LONGWOOD FL 32779

STREET ADDRESS

CITY-ST-ZIP

245.00 -LP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
RINEHART, J.R.
#3 ISLAND DR.
ROBBINSVILLE NC

STREET ADDRESS

CITY-ST-ZIP

88.75 - Ad
8.75 - Cert

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
BYRNE, CATHERINE KAY
6890 SW 8TH STREET
MIAMI FL 33143

STREET ADDRESS

CITY-ST-ZIP

6150 S.W. 76th Street

MIAMI, FL 33143

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

300004334219-6

-05/30/01 -01032-029

*****685.00 *****342.50

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

John E. O'Brien
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-25-2001

Date

305-294-2626

Daytime Phone #

032E003 (11/00)