

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

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
96 NOV 22 PM 2:43

1. Name of Limited Partnership

1a. DOCUMENT #  
**A20954**

**WINDLEY KEY LIMITED PARTNERSHIP**

Mailing Address

2 WEST DRY CREEK CIRCLE  
SUITE 200  
LITTLETON CO 80120

Principal Office Address

2 WEST DRY CREEK CIRCLE  
SUITE 200  
LITTLETON CO 80120

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Formed or Registered

10/10/1985

3a. Date of Last Report

12/12/1995

4. State or Country of Formation

CO

5a. Capital Contributions as  
Shown on record.

\$900.00

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

\$900.00

6. FEI Number

59-2596659

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☐ \$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

~~MIJUSKOVICH, RAJO~~  
~~11330 S.W. 71ST STREET~~  
~~MIAMI FL 33173~~

10. If changed, new Registered Agent/Office

Name  
**Robert B. Crawford**  
Street Address (P.O. Box Number is Not Acceptable)  
**4700 Coconut Creek Parkway**  
Suite, Apt. #, etc.

City  
**Coconut Creek**

FL 33063

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

11/19/96

**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 General Partner  
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/  
Document Number

VUKOVICH, B. M.

2 W. DRY CREEK CIR., #200

LITTLETON CO

900002025639--3  
-12/11/96--01024--011  
\*\*\*191.25 \*\*\*191.25

**RWM**

**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

*B.M. Vukovich*

DATE

9-26-96

Typed or Printed Name of General Partner Signing Form

B.M. Vukovich

Daytime Telephone Number

(303) 730-2000

CR2E003 (6/96)