


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # A29875 1. Entity Name WILLOW KEY ASSOCIATES LIMITED PARTNERSHIP					
Principal Place of Business 247 NORTH WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714			Mailing Address ROBERT M. PICERNE 247 NORTH WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02152005 Chg-LP CR2E003 (10/03)	
4. FEI Number 59-3006034				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COSTOLO, W. TERRY ESQ. 301 E. PINE ST., STE 1400 ORLANDO, 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,650,980.00		10. Amount of Capital Contributions in FLORIDA to date.			
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		
NAME	PICERNE WILLOW KEY DEVELOPMENT, INC.		CITY-ST-ZIP		
STREET ADDRESS	247 N. WESTMONTE DR.				
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714				
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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: _____			4/26/05 Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					
Daytime Phone #					

STAPLE CHECK HERE