


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # A94000001616 1. Entity Name FAT DEER KEY, LIMITED					
Principal Place of Business 20458 OLD CUTLER ROAD MIAMI FL 33189			Mailing Address P.O. BOX 143914 CORAL GABLES FL 33114		
2. Principal Place of Business Suite, Apt #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent MULLER, CHARLES E II 7385 GALLOWAY ROAD SUITE 200 MIAMI FL 33173				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and filer if applicable</small>				DATE _____	
9. Capital Contributions as Shown on record.		\$2,928,725.00		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 CITY - ST - ZIP	P94000074021 FAT DEER KEY MANAGEMENT CORP. I 20458 OLD CUTLER ROAD MIAMI FL 33189		STREET ADDRESS CITY - ST - ZIP		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P94000074027 FAT DEER KEY MANAGEMENT CORP. II 20458 OLD CUTLER ROAD MIAMI FL 33189		STREET ADDRESS CITY - ST - ZIP		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P94000074029 FAT DEER KEY MANAGEMENT CORP. III 20458 OLD CUTLER ROAD MIAMI FL 33189		STREET ADDRESS CITY - ST - ZIP		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, the receiver or trustee empowered to execute this report as required by Chapter 820 Florida Statutes					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			4-13-05 305.371.290 <small>Date Daytime Phone #</small>		



1ST MOORE CR2E003 (10/04)

4. FEI Number **65-0556074** Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

1100000331324
04/26/05-80034-016 535.00

STAPLE CHECK HERE