

# 2001 UNIFORM BUSINESS REPORT (UBR)

0002510 AF

DOCUMENT # **A95000000722**

1. Entity Name

**LOST KEY PLANTATION LIMITED PARTNERSHIP**

Principal Place of Business

**5900 TARAWOOD DRIVE  
ORLANDO FL 32819**

Mailing Address

**5900 TARAWOOD DRIVE  
ORLANDO FL 32819**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3312769**

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

**LKP INVESTORS, INC.  
5900 TARAWOOD DRIVE  
ORLANDO FL 32819**

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 *Bruce G. Haynes (Res)* **BRUCE G. HAYNES**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/19/01  
DATE

9. Capital Contributions  
as Shown on record.

**\$350.00**

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 # **P95000035821**  
NAME **LKP INVESTORS, INC.**  
STREET ADDRESS **5900 TARAWOOD DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32819**

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: *Bruce G. Haynes* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**BRUCE G. HAYNES**

3/19/01  
Date

407 909 1975  
Daytime Phone #

**FILED**

**01 MAR 21 AM 10:52**

SECRETARY OF STATE  
TALLAHASSEE



DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)