

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000722**

1. Entity Name  
**LOST KEY PLANTATION LIMITED PARTNERSHIP**



**FILED**

03 MAY 16 PM 1:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **59-3312769**

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

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions  
as Shown on record.

**\$350.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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

**100019175081**  
**05/16/03--01031--006 \*\*141.25**

DOCUMENT #  
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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

*As Pres of LKP Inv Inc. GenPartn*

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*4/25/03 (407) 909 1975*

Date

Daytime Phone #

CR2E003 (10/02)

0000877 AV