## 2002 UNIFORM BUSINESS REPORT (UBR)

## APPRUYE AND A95000001319 **DOCUMENT #** 1. Entity Name 02 MAR 29 AM 9: 27 GOLDEN KEY LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 848 BRICKELL AVE. S-1000 848 BRICKELL AVE., SUITE 1010 MIAMI FL 33131 MIAMI FL 33131 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** Applied For City & State City & State 4. FEI Number 65-0608289 Not Applicable Country Country \$8.75 Additional Zip \_ \_ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ALAN OJEDA Street Address (P.O. Box Number is Not Acceptable) 848 BRICKELL AVE., SUITE 1010 **MIAMI FL 33131** Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$6.050,880.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. P95000067868 DOCUMENT # STREET ADDRESS KEY PEMBROKE GENERAL, INC. NAME 848 BRICKELL AVE., SUITE 1010 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33131** CITY-ST-ZIP 100005189901--0 -04/03/02--01060--007 P95000068084 DOCUMENT # STREET ADDRESS RILEA PEMBROKE CORP. NAME 848 BRICKELL AVE., SUITE 1010 \*\*\*\*526.25 \*\*\*\*526.25 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMEN? # STREET ADDRESS NAME : ,} STREET ADDAESS CITY-ST-ZIP CITY-ST-ZIP 14. Thereby 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 execuje this report as required by Chapter 620, Florida Statutes

Alan Ojeda SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

03/25/02

(305) 3715254

Daytime Phone #

(トレ・コ) といりせんロン

CHICK