

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001319

1. Entity Name
GOLDEN KEY LTD.



FILED
03 APR 30 AM 5:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DJH

Principal Place of Business
848 BRICKELL AVE., SUITE 1010
MIAMI FL 33131

Mailing Address
848 BRICKELL AVE. S-1000
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

848 BRICKELL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PENTHOUSE I

City & State

City & State

MIAMI FLA 33131

DUE BY MAY 1, 2003

4. FEI Number 65-0603289

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

ALAN OJEDA
848 BRICKELL AVE., SUITE 1010
MIAMI FL 33131

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.

\$6,050,880.00

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 # P95000067868
NAME KEY PEMBROKE GENERAL, INC.
STREET ADDRESS 848 BRICKELL AVE., SUITE 1010 PENTHOUSE I
CITY-ST-ZIP MIAMI FL 33131

STREET ADDRESS

CITY-ST-ZIP

04/30/03--01010--017 **526.25

DOCUMENT # P95000068084
NAME RILEA PEMBROKE CORP.
STREET ADDRESS 848 BRICKELL AVE., SUITE 1010
CITY-ST-ZIP MIAMI FL 33131

STREET ADDRESS

CITY-ST-ZIP

100017344321
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/25/03

(305) 271-5254

Date

Daytime Phone #

CR2E003 (10/02)