FILE ON OR BEFORE APRIL 7, 1999 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT #

FILED 99 MAR 30 PM 2: 10

SECRETARY OF STATE

| 3250 MARY STREET. FIFTH FLOOR MIAMI FL 33133 3250 MARY STREET, FIFTH FLOOR MIAMI FL 33133 3250 MARY STREET, FIFTH FLOOR 32, Oate of Last Report 02/16/1998 4. State of Load Report 65-07/26544 5D. Anounted Condition 65-07/26544 7. Centificate of Status Desired 65-07/26544 7. C | | | | 055 | A96000002 | EL PARTNERS, LTD. | 3.B. HOTEL | |
|---|------------------|---|--|---------------------------------|--|---|-------------------------------|--|
| 3250 MARY STREET, FIFTH FLOOR MIAMI FL 33133 P980000 \$2,000,000 \$2,000,000 \$4, State of Country of Formation FL \$4, State of Country of Formation FL \$5, FE Number of Status Desired FL \$65-0726544 \$7, Centificate of Status Desired FL \$65-0726544 \$7, Centificate of Status Desired FL \$7, Centificate of Status Desired FL \$8, Make check payable to Dept of State (See recoverse advented and the Country of Formation FL \$10, It changed new Registered Agent/Office 10, It changed new Registered Agent/Office 10, It changed new Registered Agent/Office FL \$20,000 \$10, It changed new Registered Agent/Office FL \$20,000 \$20,0 | ributions as | 3. Date Formed or Registered 5a. Capital Contributions as Shown on record | | Principal Office Address | | | Aalling Address | |
| 2. Mailing Address 23. Principal Office Address 4. State or Country of Formation FL Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country Name CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 Sireet Address (P O Box Number is Not Acceptable) Sireet Address (P O Box Number is Not Acceptable) Sireet Address (P O Box Number is Not Acceptable) Sireet Address (P O Box Number is Not Acceptable) Sireet Address (P O Box Number is Not Acceptable) Sireet Address (P O Box Number is Not Acceptable) Sireet Address (P O Box Number is Not Acceptable) Sireet Address (P O Box Number is Not Acceptable) Sireet Address (P O Box Number is Not Acceptable) Sireet Address (P O Box Number is Not Acceptable) Sireet Address (P O Box Number is Not Acceptable) Sireet Address (P O Box Number is Not Acceptable) Sireet Address (P O Box Number is Not Acceptable) Sireet Address (P O Box Number is Not Acceptable) Sireet Address (P O Box Number is Not Acceptable) Sireet Address (P O Box Number is Not Acceptable) Sireet Address (P O Box Number is Not Acceptable) DATE A GENERAL PARTNER of Fords a submit or the purpose of changing its registered diffice or registered agent (registered agent or registered agent (registered agent is not | 00.00 | \$2,000,000.00 | 3a. Date of Last Report 02/16/1998 4. State or Country of Formation | 3250 MARY STREET, FIFTH FLOOR | | | 3250 MARY STREE | |
| City & State City & State Zip Country Touristicate of Status Desired 8. Mute check payable to Dept of State (See reverse sedential Registered Agent) Name CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 Suite, Api #, etc City FL Zip Cit | tal FLORIDA | 5b. Amount of Capital Contributions in FLORIDA to date. | | | 2a. Principal Office Address | ess | 2. Mailing Address | |
| City & State Zip Country 7. Certificate of Status Desired 8, Make check payable to Dept of State (See reverse side 8, Make check payable to Dept of State (See reverse side 10. If changed new Registered Agent/Office CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 Suite, Apt #, etc City FL Zip | olied For | Applied For | 1 | | Suite, Apt. #, etc. | <u> </u> | Suite, Apt. #, etc. | |
| 2ip Country 2ip Country 8, Make check payable to Dept of State (See reverse side 9, Name and Address of Current Registered Agent 10, It changed, new Registered Agent/Office CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 Suite, Apt #, etc City FL 2ip Co City FL 2ip Co The State of Florida Statutes, the above-named limited partner/ship organized or registered under the laws of the State of Florida submit for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by its general partner(s) is hereby accept the appointme agent. I am familiar with, and accept the obligations of section 620 192, Florida Statutes SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINES MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11, Name(s) of General Partner(s) 11a. Address of Each General Partner 11b. City, State & Zip Code 11c. Registered Registered Agent Accepting Appointments REY RESORT, INC. 3250 MARY STREET, FIF MIAMI FL 33133 P96000 | | Not Applicat | 65-0726544 | | City & State | | City & State | |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 Suite, Apl #, etc City FL Zip Co City FL Zip Co City FL Zip Co City FL FI City FL FI City FL FI FI FI FI FI FI FI FI FI | | \$8.75 Addition Fee Required State (See reverse side for fee info | ··[| Country | Zip | Country | Zip | |
| Corporation Service Company 1201 HAYS STREET TALLAHASSEE FL 32301 Suite, Apl #, etc City City Lip Co City Suite, Apl #, etc City Lip Co Suite, Apl #, etc City DATE SIGNATURE (Registered Agent Accepting Appointment) DATE A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINES MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (Do NOT Use Post Office Box Numbers) Name(s) of General Partner(s) 12p. Coty Sirect Address (P.O. Box Number is Not Acceptable) Suite, Api #, etc City Lip Co Talla (Do Not Use Post Office Box Number is Not Acceptable) Suite, Api #, etc City Lip Co Talla (Do Not Use Post Office Box Number is Not Acceptable) Suite, Api #, etc City Lip Co Talla (Do Not Use Post Office Box Number is Not Acceptable) Suite, Api #, etc City Lip Co Talla (Do Not Use Post Office Box Number is Not Acceptable) Suite, Api #, etc City Lip Co Talla (Do Not Use Post Office Box Number is Not Acceptable) Suite, Api #, etc City Lip Co Li | | Agent/Office | 10. If changed, new Registered A | | Registered Agent | 9. Name and Address of Current R | | |
| for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by its general partner(s). I hereby accept the appointme agent. I am familiar with, and accept the obligations of section 620 192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) DATE A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINES MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (Do NOT Use Post Office Box Numbers) KEY RESORT, INC. 3250 MARY STREET, FIF MIAMI FL 33133 P96000 | this statement | Suite, Apt #, etc | | | 620 102 English Statutes the above progress | TALLAHASSEE FL 32301 | | |
| 11. Name(s) of General Partner(s) 11a. (Do NOT Use Post Office Box Numitiers) 11b. City, State & Ztp Code 11c. Responsible to the Post Office Box Numitiers KEY RESORT, INC. 3250 MARY STREET, FIF MIAMI FL 33133 P96000 | nt of registered | by accept the appointment of regist | uthorized by its general partner(s) I hereb DATE RTNERSHIP OR OTHE | Such change was authorized PART | gistered agent, or both, in the State of Florid of section 620 192, Florida Statutes. IS A CORPORATION, L | pose of changing its registered office or reg in familiar with, and accept the obligations of stared Agent Accepting Appointment) | for the purpos agent. I am fa | |
| } | | 11c. Registration/ Document Number | | | | | 11. Name(s) of 0 | |
| GB (KEY BISCAYNE) OPERATING 10777 WESTHEIMER, SUI HOUSTON TX 77042 F97000 | 89474 | P96000089474 | MIAMI FL 33133 P960000 | | 3250 MARY STREET, FI | ORT, INC. | KEY RESOF | |
| | 003675 | F97000003675 | HOUSTON TX 77042 | HO HO | 10777 WESTHEIMER, S | BISCAYNE) OPERATING | GB (KEY BI | |
| 50,09 | | | 6v, a9 | 30 | | | • | |
| Je ga | | | 46 | 4 | | | 1 | |
| Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general | l partner. | ange a general part | ent must be filed to cha | ; an amendme | be changed on this form | eral partners MAY NOT | Note: Gener | |

is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chanter 629, Ftorida Statutes.

SIGNATURE

DATE MAR. 23, 1999
Daytime Telephono Numbe 305) 445-4258