2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

SILLICE UNEUN HERE

DOCUMENT # A9600002055 . 1. Entity Name G.B. HOTEL PARTNERS, LTD.				FILLIEID 03 MAY -1 PM 1: 33	·	
Principal Place of Business 3250 MARY STREET, FIFTH FLOOR MIAMI FL 33133 MIAMI FL 33133 MIAMI FL 33133			FLOOR	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business Address Address					ONS THE PORT OF STATES STATES	
Suite, Apt. #, etc. Suite, Apt. #, etc.				DUI BY MAY 1, 2003		
City & State City & State		City & State		4. FEI Number 65-0726544	Applied For Not Applicable	
Zip	Country Zip Co		Country		\$8.75 Additional Fee Required	
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered A		
CORPORATION SERVICE COMPANY			Name	Name		
1201 HAYS STREET			Street Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32301					-	
			Ciby	City Zip Code		
			<u> </u>			
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						
9. Capital Co	ntributions \$4,442,017.00	10. Amount of Capital in FLORIDA to date	Contributions 16.4	11. MAKE CHECK PAYABLE	TO FL. DEPT. OF STATE	
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 #	P9600089474 KEY RESORT, INC. 3250 MARY STREET, FIFTH FLOOR		STREET ADDRESS			
NAME STREET ADDRESS			CITY-ST-ZIP			
CITY-ST-ZIP DOCUMENT #	F9700003675 GB (KEY BISCAYNE) OPERATING CORPORATION		.STREET ADDRESS	7000178354	7	
NAME STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	-c:,'01/23 3:065 001 ·		
DOCUMENT #	THOUSEN THE TOTAL		STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	1		
DOCUMENT # NAME			STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			
DOCUMENT #			STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			
DOCUMENT / NAME			STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		
STREET ADDRESS CITY-ST-ZIP	,		CITY-ST-ZIP			
14. i hereby c	ertify that the information supplied with the	nis filing does not qualify for th	ne exemption stated in S	Section 119.07(3)(i), Florida Statutes. I further cert	ify that the information	

release certify that the information supplied with this lifting does not quality 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

CR/KFT, BSCATOR

CORPORTION SIGNATURE: .