200	1 UNIFORM BUS	NESS REPO	KT	(ORK)	1	)11388			
DOCUMENT # A9700002105  1. Entity Name				*****	P & 1	88 Af			
LONGBOAT KEY EQUITIES, LTD.					FILED				
Principal Place of Business 1800 BEN FRANKLIN DRIVE SUITE B806		Mailing Address 1800 BEN FRANKLIN DRIVE SUITE B806		01	APR 23 AM 10: 38 RETARY OF STATE				
SARASTOA FL 34236		SARASTOA FL 34236		TAL	LINE OF THE PARTY OF THE PARTY OF THE PARTY.				
2. Principal Place of Business		3. Mailing Address		. "	T 1801051 1919 (1911 1901) Obils Bolst Obils Abilt Bolst Alik Bolst Ityon (1051 Obist Asi) (6)	l			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number 65-0795262 Applied Fo Not Applied				
Zip 	Country	Zip	Coun	try	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Current I	Registered Agent			7. Name and Address of New Registered Agent	<b>—</b>			
		7		Name	ha was an a	İ			
SILBERSTEIN, DAVID M ESQ. 720 SOUTH ORANGE AVENUE				Street Address (	P.O. Box Number is Not Acceptable)				
SARASOT	A FL 34236					- 1			
			<b></b>	City	FL Zip Code				
8. The above	e named epitity submits this statement for			ed office or register					
9. Capital Co as Shown	ontributions &2 E00 000 00	10. Amount of Capital in FLORIDA to date	Contril	<del></del> -	; 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION				
	A GENERAL PARTNER TO NOTE: General Partners MA	HAT IS A BUSINESS ENTI / NOT be changed on the	TY M	UST BE REGIST	ERED AND ACTIVE WITH THIS OFFICE. must be filed to change a general partner.				
12.	GENERAL PARTNER	INFORMATION	13.		ADDRESS CHANGES ONLY	$\exists_{\widehat{a}}$			
DOCUMENT # NAME STREET ADDRESS	LONGBOAT KEY EQUITIES, INC.			ET ADDRESS	· · · · · · · · · · · · · · · · · · ·	E003 (11/00)			
DOCUMENT #	SARASOTA FL 34236			ET ADDRESS		CRZEG			
NAME STREET ADDRESS				-ST-ZIP					
DOCUMENT #				ET ADDRESS -	400004163934	_			
NAME STREET ADDRESS		The second of th		-ST-ZIP	, ************************************				
DOCUMENT #			STRE	ET ADDRESS					
NAME STREET ADORESS CITY-ST-ZIP			CITY-	-ST-ZIP	<u> </u>	$\dashv$			
DOCUMENT #			STRE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY-	-ST-ZIP					
DOCUMENT / NAME			STRE	ET ADDRESS	,				
STREET ADDRESS CITY-ST-ZIP			CITY	ST-2IP					
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  Laws SOAT Key Equifies, Juc-									
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTIER Date Dayling Phone #									