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(410) 430-3200

1. Entity Name BIG PINE KEY LIMITED PARTNERSHIP					1	ILED	<u>.</u>	
Principal Place of Bu 1115 LONG BEACH I BIG PINE KEY FL 330	DRIVE	Mailing Addres 241 UPLAND R WEST GROVE	ROAD	***************************************	SECRE	P -4 PN 12: TARY OF STATE HASSEE, FLORID	Ē Ā	TA 11904 BONG STATE 1965 I
2. Principal Place of	Business	3. Mailing Addr	ress			<b>                                    </b>	<b>   </b>	<b>                                      </b>
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.		DUE BY SEPTEMBER 26, 2001			
City & State		City & State			4. FEI Numbe	58-2394040		Applied Fo
Zip	Country	Zip	C	Country	5. Certificate	of Status Desired		8.75 Additional se Required
6.	Name and Address of Cur	rent Registered Agent		Name	7. Name and	Address of New Regis	stered Ag	rent
TAYLOR, DON 1115 LONG BE/ BIG PINE KEY F				Street Addre	ess (P.O. Box Numbe	r is Not Acceptable)		
								Zip Code
SIGNATURE Signature  9. Capital Contribution		agent and title if applicable.	(NOTE: Regi	istered Agent signature rei		11. MAKE CHECK P	DATE AYABLE	TO DEPT. OF STATE
SIGNATURE Signature  9. Capital Contribution as Shown on reco	o, typed or printed name of registered ons \$10,000.0	agent and title if applicable.  10. Amou in FLC  ER THAT IS A BUSI	(NOTE: Regi int of Capital Co DRIDA to date. NESS ENTITY	stered office or reg	quired when reinstating)	11. MAKE CHECK P SEE REVERSE S	DATE AYABLE 1 SIDE FOR	TO DEPT. OF STATE
SIGNATURE Signature  9. Capital Contribution as Shown on reco	ons \$10,000.(  A GENERAL PARTNI OTE: General Partners  GENERAL PAR	agent and title if applicable.  10. Amou in FLC  ER THAT IS A BUSI	(NOTE: Regi int of Capital Co DRIDA to date. NESS ENTITY aged on the fo	stered office or reg	quired when reinstating)	11. MAKE CHECK P SEE REVERSE S	DATE AYABLE 1 BIDE FOR OFFICE, ral parti	TO DEPT. OF STATE FEE INFORMATION
SIGNATURE Signaturi Signat	s, typed or printed name of registered ons \$10,000.( A GENERAL PARTNI OTE: General Partners  GENERAL PAR 00095578 DIVILLE, INC.	agent and title if applicable.  10. Amou in FLC  ER THAT IS A BUSII  MAY NOT be chan	(NOTE: Regi int of Capital Co DRIDA to date. NESS ENTITY iged on the fo	istered Agent signature re portributions 10,000 Y MUST BE REC orm; an amenda	quired when reinstating)	11. MAKE CHECK P SEE REVERSE S CTIVE WITH THIS Of d to change a gene	DATE AYABLE 1 BIDE FOR OFFICE, ral parti	TO DEPT. OF STATE FEE INFORMATION
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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:

**2001 UNIFORM BUSINESS REPORT (UBR)**