2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

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DOCUMENT # A97000002773 04 APR 30 PM 12: 22 KEYS HOLDING VENTURE LIMITED PARTNERSHIP SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1177 S.E. 3RD AVENUE KLINGBEIL CAPITAL MANAGEMENT, LTD. FORT LAUDERDALE, FL 33316 501 DARBY CREEK ROAD, #11 LEXINGTON, KY 40509 2. Principal Place of Business 3. Mailing Address 205 County Trunk H Suite, Apt. #, etc. Suite, Apt. #, etc. 04282004 CR2E003 (10/03) Chg-LP City & State Elkhorn, WI 4. FEI Number Applied For 65-0802405 Not Applicable Zip Country Country \$8.75 Additional 53[°]121 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WACHS, JEFFREY S ESQ. 1177 S.E. 3RD AVENUE Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE, FL 33316 Zip Code FL 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 Amount of Capital Contributions \$20.372.135.00 as Shown on record. in FLORIDA to date. 20,372,135.00 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # P97000106397 STREET ADDRESS NAME AMERICAN APARTMENT COMM, KEYS HOLDING, INC. STREET ADDRESS 1177 S.E. 3RD AVENUE CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE, FL 33316 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME SMIEET ADDRESS CITY-ST-ZIP CUTY-ST-ZIP 14. Thereby 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 George R. Nickerson the receiver or trustee empowered to execute this report as equired by Chapter George R. Nickerson Vice President 4/29/2004 614/220-8900 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #