A97000002848

APPLICATION FOR CERTIFICATE OF STATUS FOR LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 DEC 29 PM 5:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97000002848

1. Name of Limited Partnership
Ocean Key Associates, Ltd.

DO NOT WRITE IN THIS SPACE

| 2. Mailing Address | 3. Principal Office Address | 4. Date Formed or Registered to Do Business in Florida |
|---|---|---|
| 777 S Flagler Dr:: | 550 Mamaroneck Avenue | 12/24/97 |
| Suite, Apt. #, etc.<br>500 East | Suite, Apt. #, etc. | 5. FEI Number ☑ Applied For ☐ Not Applicable |
| City & State<br>West Palm Beach FL 33401 | City & State<br>Harrison, NY 10528 | 6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status |
| Zip: 33401 Country: USA | Zip: 10528 Country: USA | 7. State or Country of Formation: Florida |

8a. Capital Contributions as Shown on Records: $2,200,000

8b. Amount of Capital Contributions in FLORIDA to date: $2,200,000

FEES: 1.) Filing Fee(s): Computed at a rate of $7 per $1,000 on amount entered in 8b, with a minimum filing fee of $52.50 and a maximum of $437.50, for each year due this office
2.) Supplemental Fee(s): $56.78 for each year due this office, beginning with 1992 calendar year
3.) Penalty Fee(s): $500 penalty fee for each year report form is delinquent
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a reprint and appropriate filing fee.

| 9. Name and Address of Current Registered Agent | 10. If changed, new registered agent/office |
|---|---|
| Valdes-Fauli Corporate Services, Inc.<br>777 S. Flagler Drive, Suite 500 East<br>West Palm Beach, Florida 33401 | Name:<br>Street Address (P.O. Box Number is Not Acceptable):<br>Suite, Apt. #, etc.:<br>City: ***10PA FL Zip Code: ***10PA.25 |

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10a. Pursuant to the provisions of sections 620.1901 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement 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 appointment of registered 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 BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

| 11. Names of General Partner(s) | Address of Each General Partner (Do NOT Use Post Office Box Numbers) | City, State and Zip Code | 11a. Registration Document Number |
|---|---|---|---|
| Ocean Key Realty, Inc.<br>c/o Michael E. Rosen<br>550 Mamaroneck Avenue<br>Harrison, NY 10528 | c/o Michael E. Rosen<br>550 Mamaroneck Avenue<br>Harrison, NY 10528 | Harrison, NY 10528 | P97000107087 |

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CR2E009 (12/97)

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report 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, member or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Michael E. Rosen DATE 4/26/99

Typed or Printed Name of General Partner Signing Form MICHAEL E. ROSEN, V.P. of G.P. Telephone Number 914-777-3100