

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002848**

1. Entity Name

OCEAN KEY ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY -2 AM 9:26

Principal Place of Business

% MICHAEL E. ROSEN/THE ROSEN DEVELOPMENT GR
550 MAMARONECK AVENUE
HARRISON NY 10528

Mailing Address

777 S. FLAGLER DRIVE, 500 EAST
WEST PALM BEACH FL 33401

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

2250 Avenida Del Vera

Suite, Apt. #, etc.

City & State

N. Fort Myers, Fla.

Zip

33917

Country

DUE BY MAY 1, 2002

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
777 S. FLAGLER STREET, SUITE 500E
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

Callahan, W. Scott Esquire

Street Address (P.O. Box Number is Not Acceptable)

37 North Orange Avenue

Ste 200

City

Orlando

FL

Zip Code

32801

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

4/28/02

DATE

9. Capital Contributions
as Shown on record.

\$2,200,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

DOCUMENT # P97000107087
NAME OCEAN KEY REALTY, INC.
STREET ADDRESS 550 MAMARAONECH AVENUE
CITY-ST-ZIP HARRISON NY 10528

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/26/02 (941) 731-4538

Date

Daytime Phone #

CR2E003 (9/01)

00028986 AV