

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

2004 APR 26 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97000002848

1. Entity Name
OCEAN KEY ASSOCIATES, LTD.



Principal Place of Business
2250 AVENIDA DEL VERA
N. FT. MYERS, FL 33917

Mailing Address
2250 AVENIDA DEL VERA
N. FORT MYERS, FL 33917



2. Principal Place of Business

12800 UNIVERSITY DR.

Suite, Apt. #, etc.

SUITE 400

City & State

FORT MYERS, FL

Zip

33907

Country

USA

3. Mailing Address

12800 UNIVERSITY DR.

Suite, Apt. #, etc.

SUITE 400

City & State

FORT MYERS, FL

Zip

33907

Country

USA

01152004

Chg-LP

CR2E003 (10/03)

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

CALLAHAN, W. SCOTT ESQUIRE
37 NORTH ORANGE AVENUE, STE. 200
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name

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

500036287525

05/14/04--01007--015 **526.25

City

FL

Zip Code

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
as Shown on record.

\$2,200,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$526.25

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP

P97000107087
OCEAN KEY REALTY, INC.
2250 AVENIDA DEL VERA
N. FT. MYERS, FL 33917

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP

12800 University Dr., Ste 400
Fort Myers, FL 33907

DOCUMENT #
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CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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] 4/29/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE