
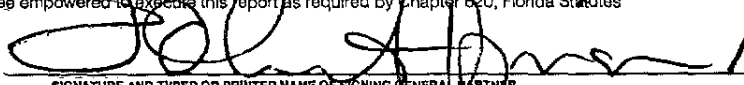


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # B94000000462 1. Entity Name KEY BISCAVNE OCEAN CLUB LIMITED PARTNERSHIP					
Principal Place of Business 1111 BRICKELL AVE STE. 2300 MIAMI, FL 33131			Mailing Address 1111 BRICKELL AVE STE. 2300 MIAMI, FL 33131		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 36-3375288	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HINSON, JOHN A 1111 BRICKELL AVENUE, SUITE 2300 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$39,885,535.00			10. Amount of Capital Contributions in FLORIDA to date.		
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	B96000000127		STREET ADDRESS		
NAME	OCEAN CLUB HOLDINGS LIMITED PARTNERSHIP		CITY-ST-ZIP		
STREET ADDRESS	1111 BRICKELL AVENUE, SUITE 2300		CITY-ST-ZIP		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
14. I hereby certify that the information supplied with this form does not qualify for the exemption stated in Section 119.07(3)(g), 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 820, Florida Statutes.					
SIGNATURE: 			Date: 14 Apr 05 Daytime Phone #: (305) 379-1200		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER John A. Hinson, President					

STAPLE CHECK HERE