

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 23, 2006 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052006

Chg-LP

CR2E003 (11/05)

4. FEI Number

36-3375288

Applied For

(Not Applicable)

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

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

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

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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.

12. GENERAL PARTNER INFORMATION

DOCUMENT # **B96000000127**
 NAME **OCEAN CLUB HOLDINGS LIMITED PARTNERSHIP**
 STREET ADDRESS **1111 BRICKELL AVENUE, SUITE 2300**
 CITY-ST-ZIP **MIAMI, FL 33131**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

000000477912
04/07/06-00010-002 500.00

DOCUMENT #
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 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 exemptions contained in Chapter 119, 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

20 Mar 2006 (305) 379-1200

Date

Daytime Phone #

John A. Hinson

STAPLE CHECK HERE