

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Feb 05, 2007 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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01312007 Chg-LP CR2E003 (12/06)

City & State

City & State

4. FEI Number  
**36-3375288**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HINSON, JOHN A  
1111 BRICKELL AVENUE, SUITE 2300  
MIAMI, FL 33131**

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, 2007, 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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS

CITY-ST-ZIP

**000000621822  
02/13/07-80001-010 500.00**

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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 and I am executing this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**2/1/2007 (305) 379-1200**

Date

Daytime Phone #

STAPLE CHECK HERE