

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L98000001853

1. Entity Name

KEY COLONY REALTY, L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR -2 AM 9:44

Principal Place of Business

240 CRANDON BLVD., SUITE 212  
KEY BISCAYNE FL 33149

Mailing Address

240 CRANDON BLVD., SUITE 212  
KEY BISCAYNE FL 33149-1543



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIENE, JOSEPH H

240 CRANDON BLVD., SUITE 212  
KEY BISCAYNE FL 33149

Name

Street Address (P.O. Box Number is not acceptable) 300005178705--9

03/22/00 01003--018

\*\*\*\*\*55.00 \*\*\*\*\*55.00

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

3/31/00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME SCHARENBERG, FRITZ E  
STREET ADDRESS 240 CRANDON BLVD., SUITE 212  
CITY- ST- ZIP KEY BISCAYNE FL 33149

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE MGR  
NAME KIENE, HERMAN J  
STREET ADDRESS 240 CRANDON BLVD., SUITE 202  
CITY- ST- ZIP KEY BISCAYNE FL

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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

JAN 12, 2000

Date

305-361-2742

Daytime Phone #

CR2E083 (9/99)

# Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN 65-0859700

OMB No. 1545-0003

▶ Keep a copy for your records.

Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) <b>KEY COLONY REALTY, L.C.</b>	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) <b>240 CRANDON BLVD UNIT 212</b>	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code <b>KEY BISCAYNE, FLA 33149</b>	5b City, state, and ZIP code
	6 County and state where principal business is located <b>DADE</b>	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶ <b>133-30-2849</b> <b>FRITZ E. SCHARENBERG</b>	

8a. Type of entity (Check only one box.) (See instructions.)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Plan administrator-SSN
<input type="checkbox"/> Partnership	<input type="checkbox"/> Other corporation (specify) ▶
<input type="checkbox"/> REMIC	<input type="checkbox"/> Trust
<input type="checkbox"/> State/local government	<input type="checkbox"/> Federal Government/military
<input type="checkbox"/> Other nonprofit organization (specify) ▶	<input type="checkbox"/> Farmers' cooperative
<input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Church or church-controlled organization

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country
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9 Reason for applying (Check only one box.)	<input type="checkbox"/> Banking purpose (specify) ▶
<input checked="" type="checkbox"/> Started new business (specify) ▶ <b>REAL ESTATE</b>	<input type="checkbox"/> Changed type of organization (specify) ▶
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ▶	<input type="checkbox"/> Created a trust (specify) ▶
	<input type="checkbox"/> Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.) <b>7/31/98</b>	11 Closing month of accounting year (See instructions.) <b>DECEMBER 31,</b>
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12 First date wages or annuities were paid or will be paid (Mo., day, year). <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year).</i>	▶ <b>NONE</b>
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13 Highest number of employees expected in the next 12 months. <i>Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.)</i>	Nonagricultural	Agricultural	Household
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14 Principal activity (See instructions.) ▶ **REAL ESTATE SALES**

15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ▶	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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16 To whom are most of the products or services sold? Please check the appropriate box.	<input type="checkbox"/> Business (wholesale)	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ▶	

17a Has the applicant ever applied for an identification number for this or any other business? <i>Note: If "Yes," please complete lines 17b and 17c.</i>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.	Legal name ▶	Trade name ▶
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17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.	Approximate date when filed (Mo., day, year)	City and state where filed	Previous EIN
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Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

Fax telephone number (include area code)

Name and title (Please type or print clearly.) ▶

X Signature ▶ *Accorach*

Date ▶ *August 21st 1998*

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo	Ind.	Class	Size	Reason for applying
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