

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000006882**

1. Entity Name

TROPICAL KEY PALMS, LC

Principal Place of Business

200 SOUTH BISCAYNE BLVD., SUITE 1050  
FIRST UNION FINANCIAL CENTER  
MIAMI FL 33131-2394

Mailing Address

200 SOUTH BISCAYNE BLVD., SUITE 1050  
FIRST UNION FINANCIAL CENTER  
MIAMI FL 33131-2394

2. Principal Place of Business

1623 Collins Ave  
Suite, Apt. #, etc. # 909

3. Mailing Address

1623 Collins Ave  
Suite, Apt. #, etc. # 909

City & State

Miami Beach FL

City & State

Miami Beach FL

Zip

33139

Country

DADE

Zip

33139

Country

DADE

6. Name and Address of Current Registered Agent

BENNETT, JOSH N

200 SOUTH BISCAYNE BLVD., SUITE 1050  
FIRST UNION FINANCIAL CENTER  
MIAMI FL 33131-2394

511 NE 3rd Ave  
2nd floor  
Fort Lauderdale  
FL 33301

Name

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

City

FL

Zip Code

4. FEI Number

65-0955462

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
MGRM CALM WAVES TRUST Same as above  
200 SOUTH BISCAYNE BLVD., SUITE 1050  
MIAMI FL 33131-2394

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
MGRM BLUE SKY TRUST Same as above  
200 SOUTH BISCAYNE BLVD., SUITE 1050  
MIAMI FL 33131-2394

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition  
300003992479--1  
-04/11/01--01092--005

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition  
\*\*\*438.75 \*\*\*\*\*58.00  
\$50.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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: *Virginia Dominguez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

March 25/2001 305 534-9090

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)