May 14, 1999 8:00 am Secretary of State

05-14-1999 90003 027 ***450.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000106397

1. Corporation Name

Principal Place of Business

AMERICAN APARTMENT COMMUNITIES KEYS HOLDING, INC

| 2170 POLO GA STE. 204 WELLINGTON I US | | 2170 POLO GARDENS DRIVE STE. 204 WELLINGTON FL 33414 US | | | DO NOT WRIT 3. Date Incorporated or Qualifed 12/18/1997 | E IN THIS SPAC | CE |
|---|--|--|--|--|--|--------------------------------------|---|
| 2. Principal P | lace of Business | 2a. Mailing Address | | | 4. FEI Number | | Applied For |
| 21 | | 26 | | 65-0802383 | ļ | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8 | .75 Additional | |
| 22 | | 27 | _ | | 5. Certificate of Status Desired | ا " | ee Required |
| City & Stat | te | City & State | | | 6. Election Campaign Financing | \$ | 5.00 May Be |
| 23 | | 28 | | | Trust Fund Contribution | | dded to Fees |
| Zip | Country | Zíp | Country | | 8. This corporation owes the curre | ent year Intangible | |
| 24 | 25 | 29 3 | 0 | | Personal Property Tax. | | |
| ! | 9. Name and Address of Curre | nt Registered Agent | | | 10. Name and Address of New Re | egistered Agent | |
| WAC | CHS, JEFFREY S | | 81 | Name | | | |
| | 7 SE 3RD AVENUE | | 82 | Street A | Address (P.O. Box Number is Not Acceptate | ble) | |
| | RT LAUDERDALE FL 33316 | | | L | ······································ | | |
| 701 | IT DAUDENDALE I E 33310 | | 83 | ' | | | |
| | | | 84 | City | | 85 | Zip Code |
| | | | | | | FL | |
| 11. Pursuant | to the provisions of Sections 607.05 registered agent, or both, in the State im familiar with, and accept the oblig | e of Florida. Such change was auti | horized by | the corpo | corporation submits this statement for the pration's board of directors. I hereby accept | ourpose of chang t the appointmen | ing its registered t as registered |
| | ini taminai widi, and accept the oblig | ations of, Section 607,0505, Florid | la Statutes | | | | |
| | , , | | | | quired when proposition | DATE | |
| agent. I a SIGNATURE | Signature, typed or printed name of registered ag | ent and title if applicable. (NOTE: Ri | egistered Agen | | quired when reinstating) | DATE | ECTOPS IN 12 |
| agent. I a SIGNATURE 12. | Signature, typed or printed name of registered ag | | egistered Agen | t signature re | ADDITIONS/CHANGES TO OFF | ICERS AND DIR | ECTORS IN 12 |
| agent. I a SIGNATURE 12. TITLE | Signature, typed or printed name of registered ag OFFICERS A | ent and title if applicable. (NOTE: RIND DIRECTORS | 13. | t signature re | ADDITIONS/CHANGES TO OFF | ICERS AND DIR | |
| agent. I a SIGNATURE 12. TITLE NAME | Signature, typed or printed name of registered ag OFFICERS A PD CALLARD, JAMES H | ent and title if applicable. (NOTE: RIND DIRECTORS | 13. 1.1 TITLE 1.2 NAME | t signature re | ADDITIONS/CHANGES TO OFF Asst. Treas. Montgomery, Paul | ICERS AND DIR | |
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| agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typod or printed name of registered ag OFFICERS A PD CALLARD, JAMES H 21 W BROAD ST, 11TH FL COLUMBUS OH 43215 | ent and title if applicable. (NOTE: R ND DIRECTORS | 13. 1.1 TITLE 1.2 NAME 1.3 STREET | t signature re | ADDITIONS/CHANGES TO OFF Asst. Treas. Montgomery, Paul | CERS AND DIR | nange 🔼 Addition |
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14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 C/TY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

606-263-4000