FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 22 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000038189

1. Corporation Name
KEY LIME REALTY, INC.

Principal Place of Business	Mailing Address
200 S. Biscayne Blvd. Suite 4000 Miami, Florida 33131	200 S. Biscayne Blvd. Suite 4000 Miami, Florida 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 4/28/98

4. FEI Number: Not Applicable — Applied For / Not Applicable

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [X] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite Apt #, etc. 22	Suite Apt #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

Peninsula Registered Agents, Inc.
200 S. Biscayne Boulevard
Suite #4874
Miami, Florida 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME Joseph P. Klock, Jr.
STREET ADDRESS 200 S. Biscayne Blvd.
CITY-ST-ZIP Miami, Florida 33131
[ ] 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

21 TITLE [ ] Change [ ] Add
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

21 TITLE [ ] Change [ ] Add
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

000000285494O--0
-04/28/99--01049--011
****150.00 ****150.00

31 TITLE [ ] Change [ ] Add
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE [ ] Change [ ] Add
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE [ ] Change [ ] Add
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE [ ] Change [ ] Add
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

CR2E034 (11/98)

P 4/22/99 9GAR

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 report is true and accurate and that my signature shall be a requirement for the dissolution or reinstatement of the corporation, if such action is necessary. Pursuant to Section 607.0505, Florida Statutes, the mailing address may be changed by the filing of this form. Changing the mailing address by any other method may not change the address for service of process. I further certify 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.

SIGNATURE: _____ 4/20/99 305-577-2947
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR