2002 UNIFORM BUSINESS REPORT (UDIT)						
DOCUN	01460			FILED		
KELCO P	ARTNERS, LTD.				02 APR 30 PM 3: 28	
Principal Place of Business Mailing Address 973 SPOONBILL CIRCLE FT. LAUDERDALE FL 33326 Mailing Address 973 SPOONBILL CIRCLE FT. LAUDERDALE FL 33326					SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Pla		Mailing Address		D		
37005, Commerce KWAY 27005, Commerce PAWAY Suite, Apt. #, etc.						
30(le, Apr. 4 32	3/3			DUE BY MAY 1, 2002 A FFI Number Applied For		
City & State	tON, FL W	City & States CSCON.	FL		4. FEI Number 65-0639033 Applied For Not Applicable	
3333	1 DROBARE 3	3331	Thuntry WA	nsi	5. Certificate of Status Desired	
6. Name and Address of Current Registered Agent Name					7. Name and Address of New Registered Agent	
SLAY, KELLY SPILLETT				Street Address (P.O. Box Number is Not Acceptable)		
973 SPOONBILL CIRCLE				2447		
FT. LAUDERDALE FL 33326						
				25tow FL 33327		
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.						
SIGNATUREDATE						
Signature, typed or printed name of registered egent and title if applicable.					11. MAKE CHECK PAYABLE TO DEPT. OF STATE	
as Shown on record. in FLORIDA to date.				SEE REVERSE SIDE FOR FEE INFORMATION		
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 # NAME	SLAY, KELLEY D 973 SPOONBILL CIRCLE FT. LAUDERDALE FL 33326		STREET ADDRESS	29	194 PRINCETON Court	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	W	eston, FC 33327	
DOCUMENT # NAME	SPILLETT, RICHARD J		STREET ADDRESS		,	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			
DOCUMENT # NAME	SPILLETT, JACQUELINE W		STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	17 DUNBAR ROAD PALM BEACH GARDENS FL 33418	- , ,	CITY-ST-ZIP			
DOCUMENT #		· · · · · · · · · · · · · · · · · · ·	STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			City-St-ZIP			
DOCUMENT #			STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			
DOCUMENT / NAME			STREET ADDRESS			
STREET ADDRESS			CITY-ST-ZIP			

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 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 empowered to execute this report as required by Chapter 620, Florida Statutes.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP