## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

a. DOCUMENT # A9700000699

FILED 98 DEC 24 PM 2: 12 CECRETARY OF STATE TALLAHASSEE, FLORIDA

KELCO APALACHEE ASSOCIATES II, LTD.						
Mailing Address	Principal Office Address		3. Date Formed or Regist		tal Contributions as	
8390 N.W. 53RD STREET SUITE 512 MIAMI FL 33166	-8390 N.W53RD-STREET SUITE 312		03/26/1997 3a. Date of Last Report 01/06/1998	5b. Amo	\$25.00  5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address 2700 S. Commerce PKWY.	2a. Principal Office Address 2100 S. (Immerce	4. State or Country of Form	Cont to da	ributions in FLORIDA te:		
Suite, Apt. #, etc. 5/2. 3/3 City & State	Suite, Apt. #, etc.  Ste 313  Gity & State	6. FEI Number 65-0766360		Applied For Not Applicable		
City & State Weston FL Zin Country of	Weston PC Country CA		7. Certificate of Status Des	sired	\$8.75 Additional Fee Reguired	
Zip 33331 Country SA	33331	USA	8. Make check payable to: Dept. of State (See reverse side for fee information)			
9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office						
SLAY, KELLY SPILLETT -8390 N.W. 53RD ST., SUITE 312 MIAMI FL 33186		Sox Number Is Not Acceptable)  Nine you PK IVY  FL Zip Godes 333				
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent, I am familiar with, and accept the obligations of section 620.192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  DATE  DATE						
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.						
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Box		City, State & Zip Code	11c.	Registration/ Document Number	
KELCO TALLAHASSEE HOTELS, IN	8390 N.W. 53RD STREET 2700 S. Commerce 1 Ste 313	PKWY. W	MIAMIFL 33166 Weston, FL 33331		P97000051465	
			60001 -0 **	027393 1/13/9901 ***141.25	8366. 031019. *****141.25.	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.						
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.						
SIGNATURE DATE 1271-98  When the signing form KEVEY D. SIMY Daytime Telephone Number 954/384-2478  Daytime Telephone Number 954/384-2478						
17 Page 27 4 Hilling Familie of Contribut ordinal diginal family (1911)				<u> </u>		