

**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

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

1. Name of Limited Partnership <b>KELCO DADELAND ASSOCIATES, LTD.</b>	1a. DOCUMENT # <b>A98000000129</b>
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Mailing Address 8390 N.W. 53RD STREET, SUITE 312 MIAMI FL 33166	Principal Office Address 8390 N.W. 53RD STREET, SUITE 312 MIAMI FL 33166	3. Date Formed or Registered 01/13/1998	5a. Capital Contributions as Shown on record. \$2,400,000.00
2. Mailing Address 2700 S. Commerce Pkwy Ste. 313 Weston, FL 33331 USA	2a. Principal Office Address 2700 S. Commerce Pkwy. Ste. 313 Weston, FL 33331 USA	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date:
		4. State or Country of Formation FL	
		6. FEI Number 65-0803546	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent SLAY, KELLY SPILLET 8390 N.W. 53RD STREET, SUITE 312 MIAMI FL 33166	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 2700 S. Commerce Pkwy Suite, Apt. #, etc. Ste 313 City Weston FL Zip Code 33331
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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) *[Signature]* DATE 12-21-98

**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 Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
KELCO-MEYER DADELAND, LTD.	8390 N.W. 53RD STREET 2700 S. Commerce Pkwy Ste 313	MIAMI FL 33166 Weston, FL 33331	A98000000117  200002742582--4 -01/14/93--01115--006 ***526.25 ***526.25

**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 *[Signature]* DATE 12-21-98  
Typed or Printed Name of General Partner Signing Form **KELLY D. SLAY** Daytime Telephone Number 954/384-2478

CF2E003 (8/98)