

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY -1 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A98000000129
 1. Entity Name
Kelco Dadeland Associates, Ltd.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2700 S. Commerce PKWAY
 Suite, Apt. #, etc.
- 313

3. Mailing Address
SAME
 Suite, Apt. #, etc.

4. FEI Number
65-0803546

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State
Weston, FL

City & State
Weston, FL

Zip
33331

Zip
33331

Country

Country

DUE BY MAY 1

Applied For
 Not Applicable

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Kelley S. SLAY

Street Address (P.O. Box Number is Not Acceptable)
2494 Princeton Ct.

City
Weston

State
FL

Zip
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.

SIGNATURE _____
Signature or typed or printed name of registered agent and title if applicable.

Date _____

9. Capital Contributions as Shown on record.
\$2,400,000

10. Amount of Capital Contributions in FLORIDA to date
\$2,400,000

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
 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

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<u>A98000000119</u>	<u>Kelco Meyer Dadeland, Ltd</u>	<u>2700 S. Commerce PKWAY, 313</u>	<u>Weston, FL 33331</u>		

**DO NOT WRITE
IN THIS SPACE**

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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 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

SIGNATURE: Kelley D. SLAY, Pres. 4/16/02 954-384-2478

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

PRE003B (12/01)