

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

**FILED**


04 OCT -5 PM 3:45

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**MJH**

**DOCUMENT # A9800000129**

1. Entity Name  
 KELCO DADELAND ASSOCIATES, LTD.



Principal Place of Business      Mailing Address

2700 S. COMMERCE PARKWAY      2700 S. COMMERCE PARKWAY  
 SUITE 313      SUITE 313  
 WESTON, FL 33331      WESTON, FL 33331

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



06142004    Chg-LP    CR2E003 (10/03)    10/5

4. FEI Number      Applied For

65-0803546      Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SLAY, KELLY SPILLETT 2494 PRINCETON CT WESTON, FL 33327		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL      Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.    \$2,400,000.00      10. Amount of Capital Contributions in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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 STREET ADDRESS CITY-ST-ZIP	A9800000117 KELCO-MEYER DADELAND, LTD. 2700 S. COMMERCE PKWY., SUITE 313 WESTON, FL 33331	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
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 10/14/04--01043--012    \*\*526.25

STAPLE CHECK HERE

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: Kelly S Slay      Date: 7/2/04      Daytime Phone #: 954/384-2473

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER