

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

1a. DOCUMENT #
A98000001203

KELCO FAIRFIELD, LTD.

gg-ARcm



Mailing Address

Principal Office Address

8390 N.W. 53RD STREET, SUITE 312
MIAMI FL 33166

8390 N.W. 53RD STREET, SUITE 312
MIAMI FL 33166

3. Date Formed or Registered

05/12/1998

5a. Capital Contributions as
Shown on record.

\$600,000.00

3a. Date of Last Report

5b. Amount of Capital
Contributions in FLORIDA
to date:

4. State or Country of Formation

FL

6. FEI Number

65-0834734

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

2700 S. Commerce Pkwy.

2a. Principal Office Address

2700 S. Commerce Pkwy

Suite, Apt. #, etc.

Sfc 313

Suite, Apt. #, etc.

Sfc 313

City & State

Weston, FL

City & State

Weston, FL

Zip

33331

Country

USA

Zip

FL 33331

Country

USA

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

SLAY, KELLEY D

8390 N.W. 53RD STREET, SUITE 312

MIAMI FL 33166

Name

Street Address (P.O. Box Number Is Not Acceptable)

2700 S. Commerce Pkwy

Suite, Apt. #, etc.

Sfc 313

City

Weston

FL

Zip Code
33331

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

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 FAIRFIELD HOTELS, INC.

8390 N.W. 53RD STREET
2700 S. Commerce Pkwy
Sfc 313

MIAMI FL 33166
Weston, FL 33331

P98000042076

000002742580--0
-01/14/93-01115-005
****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

DATE

12/21/98

Typed or Printed Name of General Partner Signing Form

Kelley D. Slay

Daytime Telephone Number

954/384-2478

CR2E003 (8/98)