LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

FILED

02 APR 30 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A98000001203

1. Entity Name
Kelco Fairfield, Ltd

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2700 S. Commerce Pkway
Suite, Apt. #, etc. 313
City & State Weston, FL
Zip 33331 Country

3. Mailing Address SAME
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

4. FEI Number 65-0834734 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Kelley D. SLAY
Street Address (P.O. Box Number is Not Acceptable)
2494 Princeton Ct.
City Weston **FL** Zip Code 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, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record $600,000

10. Amount of Capital Contributions in FLORIDA to date $600,000

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 #	P98000042076	STREET ADDRESS	
NAME	Kelco Fairfield Hotels, Inc	CITY-ST-ZIP	
STREET ADDRESS	2700 S. Commerce Pkway, Ste 313		
CITY-ST-ZIP	Weston, FL 33331		
DOCUMENT #		STREET ADDRESS	
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DO NOT WRITE IN THIS SPACE

CR2E003B (12/01)

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: KW Kelley D. SLAY, Pres. 4/16/02 954-384-2478
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #