


FILE ON OR BEFORE APRIL 7, 1999 TO AVOID  
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership  KELCO OCEAN POINT, LTD.		1a. DOCUMENT # A98000002303	
Mailing Address <del>979 SPOONBILL CIRCLE</del> <del>WESTON FL 33326</del>		Principal Office Address <del>979 SPOONBILL CIRCLE</del> <del>WESTON FL 33326</del>	
2. Mailing Address 2700 S. COMMERCE PKWY Suite, Apt. #, etc. STE 313 City & State WESTON, FL Zip 33331 Country USA		2a. Principal Office Address 2700 S. COMMERCE PKWY Suite, Apt. #, etc. STE 313 City & State WESTON, FL Zip 33331 Country USA	
3. Date Formed or Registered 10/01/1998		5a. Capital Contributions as Shown on record \$500.00	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date 500.00	
4. State or Country of Formation FL		6. FEI Number 65-0866754 <input type="checkbox"/> Applied For <input checked="" 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, KELLEY D <del>979 SPOONBILL CIRCLE</del> <del>WESTON FL 33326</del>		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	
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 _____			
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 OCEAN POINT HOTELS, IN	979 SPOONBILL CIRCLE 2700 S. COMMERCE PKWY, STE 313	WESTON FL 33326 33331	P98000085462
7000002785637-9 -02/24/99--01066--004 ****141.25 ****141.25			
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 Typed or Printed Name of General Partner Signing Form KELLEY D. SLAY		DATE 2-15-99 Daytime Telephone Number 954/384-2478	

CR2E003 (12/98)