

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B99000000138

1. Entity Name **KEY HOSPITALITY & HEALTHCARE LIMITED PARTNERSHIP**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 24 AM 9:56



DO NOT WRITE IN THIS SPACE

MJH

Principal Place of Business: **200 NORTH GREENWOOD AVENUE FORT SMITH AR 72901**
Mailing Address: **P.O. BOX 126 FORT SMITH AR 72902-0126**

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

4. FEI Number **71-0823118** Applied For Not Applicable

Zip Country Zip Country 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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record: **\$300,000.00** 10. Amount of Capital Contributions in FLORIDA to date. 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	F99000001585 DDL CORPORATION, INC. 200 NORTH GREENWOOD AVENUE FORT SMITH AR 72901	STREET ADDRESS CITY - ST - ZIP	
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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: **DDL Corporation, Inc. by C David Curry**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Mar 17, 2000** **(501) 785-0844**
Date Daytime Phone #

CR2E003 (9/95)