


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # B99000000138

1. Entity Name
KEY HOSPITALITY & HEALTHCARE LIMITED PARTNERSHIP



Principal Place of Business
**200 NORTH GREENWOOD AVENUE
 FORT SMITH, AR 72901**

Mailing Address
**P.O. BOX 126
 FORT SMITH, AR 72902**

DO NOT WRITE IN THIS SPACE



04012008 No Chg-LP CR2E003 (12/06)

4. FEI Number
71-0823118

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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 #	F99000001585
NAME	DDL CORPORATION, INC.
STREET ADDRESS	200 NORTH GREENWOOD AVENUE
CITY - ST - ZIP	FORT SMITH, AR 72901
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	

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 04/18/08-80040-009 500.00

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Leslie James DDL Corp, Inc Controller 4/1/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #