

# 2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# B99000000138

**FILED**  
**Jan 26, 2009**  
**Secretary of State**

**Entity Name:** KEY HOSPITALITY & HEALTHCARE LIMITED PARTNERSHIP

**Current Principal Place of Business:**

200 NORTH GREENWOOD AVENUE  
FORT SMITH, AR 72901

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 126  
FORT SMITH, AR 72902

**New Mailing Address:**

FEI Number: 71-0823118

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**GENERAL PARTNER INFORMATION:**

Document #: F99000001585  
Name: DDL CORPORATION, INC.  
Address: 200 NORTH GREENWOOD AVENUE  
City-St-Zip: FORT SMITH, AR 72901

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 KIMES

CONT

01/26/2009

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date