


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0020309 MB

DOCUMENT # B99000000138

1. Entity Name
KEY HOSPITALITY & HEALTHCARE LIMITED PARTNERSHIP



FILED

2003 APR 17 AM 8:04

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



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

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

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

DUE BY MAY 1, 2003

4. FEI Number **71-0823118**

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**

7. Name and Address of New Registered Agent

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. 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.

9. Capital Contributions as Shown on record. **\$2,100,000.00**

10. Amount of Capital Contributions in FLORIDA to date: **2,100,000.**

11. **MAKE CHECK PAYABLE TO FL. 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 # NAME STREET ADDRESS CITY-ST-ZIP	F99000001585 DDL CORPORATION, INC. 200 NORTH GREENWOOD AVENUE FORT SMITH AR 72901
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13. ADDRESS CHANGES ONLY	
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, Dwight H Curry, V-Pres

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Apr 14, 2003

479-785-0844

Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)