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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

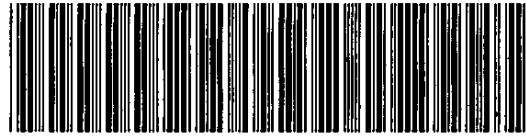
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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KENDALL HOTEL AND SUITES, Ltd.
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

RICHARD F. O'BRIEN, III, ESQ.
(Contact Person)
DADELAND CENTRE, SUITE 1012
(Firm/Company)
9155 S. DADELAND BLVD.
(Address)
MIAMI, FL 33156
(City, State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

RICHARD F. O'BRIEN III at (305) 667-5777
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)
- \$1,008.75 Filing Fees and Certificate of Status
- \$1,052.50 Filing Fees and Certified Copy
- \$1,061.25 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. KENDALL HOTEL AND SUITES, Ltd.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
or LLLP.

2. 9100 NORTH KENDALL DRIVE
(Street address of initial designated office)

MIAMI, FL 33176

3. RICHARD F. O'BRIEN, III, Esq.
(Name of Registered Agent for Service of Process)

4. DADELAND CENTRE, SUITE 1012 9155 S. DADE BLVD.
(Florida street address for Registered Agent)
MIAMI, FL 33156

5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Signature of Registered Agent

6. 9100 N. KENDALL DRIVE, MIAMI, FL 33176
(Mailing address of initial designated office)

7. If limited partnership elects to be a limited liability limited partnership, check box

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TALLAHASSEE FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

RESORTS FINANCIAL, INC.

DADELAND CENTRE

SUITE 1012

9155 S. DADELAND Boulevard

MIAMI, FL 33156

903-84491

1
By RICHARD F. O'BRIEN
PRESIDENT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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9. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this 4th day of AUGUST, 2006

Signature of each general partner:

RESORTS FINANCIAL, INC.

Richard F. O'Brien III

By RICHARD F. O'BRIEN III
PRESIDENT

Filing Fees: **\$1,000.00** (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional): **\$52.50**
Certificate of Status (optional): **\$8.75**