

**FILE ON OR BEFORE APRIL 7, 1999 TO AVOID  
REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
99 APR -1 PM 2: 31

SECRETARY OF STATE



1. Name of Limited Partnership <b>KENDALL GARDENS OFFICE PROPERTIES, LTD.</b>		1a. DOCUMENT # <b>A16391</b>	
2. Mailing Address 550 BILTMORE WAY, SUITE 700 CORAL GABLES FL 33134		2a. Principal Office Address 550 BILTMORE WAY, SUITE 700 CORAL GABLES FL 33134	
3. Date Formed or Registered <b>02/09/1984</b>		5a. Capital Contributions as Shown on record <b>\$3,269,166.67</b>	
3a. Date of Last Report <b>12/22/1997</b>		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation <b>FL</b>		6. FEI Number <b>59-2382285</b>	
7. Certificate of Status Desired <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable		8. Make check payable to: Dept. of State (See reverse side for fee information)	
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

9. Name and Address of Current Registered Agent <b>NEDBOR, NIKKI J</b> 550 BILTMORE WAY, SUITE 700 CORAL GABLES FL 33134		10. If changed, new Registered Agent/Office Name <b>POLLER, NEALE J.</b> Street Address (P.O. Box Number Is Not Acceptable) <b>550 BILTMORE WAY</b> Suite, Apt. #, etc. <b>SUITE 700</b> City <b>CORAL GABLES</b> Zip Code <b>FL 33134</b>	
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**10a.** Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) *[Signature]* DATE **3/26/99**

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
<b>SOUTHEAST REALTY INVEST.</b>	<b>550 BILTMORE WAY, SUI</b>	<b>CORAL GABLES FL 33134</b>	<b>G45954</b>
		<b>7000002837147--7</b> <b>-04/12/99--01145--019</b> <b>****526.25 ****526.25</b>	

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

**12.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made in the presence of a notary public. I hereby authorize the Division of Corporations to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *[Signature]* DATE **3-29-99**

CR2E003 (12/98)