

2001 UNIFORM BUSINESS REPORT (UBR)

0004041 AF

DOCUMENT # A27724

1. Entity Name

KENDALLGATE CENTER ASSOCIATES, LTD.

FILED

01 APR 23 PM 12:42

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2665 S BAYSHORE DR. SUITE 1200 MIAMI FL 33133	Mailing Address 2665 S BAYSHORE DR. SUITE 1200 MIAMI-FL 33133
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0096772	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BERKOWITZ, JEFFREY L.
2665 S. BAYSHORE DR, #1200
MIAMI FL 33133

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$500,000.00**

10. Amount of Capital Contributions in FLORIDA to date _____

11. MAKE CHECK PAYABLE TO 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	M10607 BERSIN DEVELOPMENT CORP. 2665 S BAYSHORE DR, 1200 MIAMI FL
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	700004162187--4 -05/08/01--01073--D19 ***526.25 ***526.25
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)(l), 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: _____ **SIGNATURE REQUIRED**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____

CR2E003 (11/00)