


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

**FILED
Apr 30, 2005 08:00 AM
Secretary of State**

DOCUMENT # A27724
1. Entity Name
KENDALLGATE CENTER ASSOCIATES, LTD.



Principal Place of Business: **2665 S BAYSHORE DR. SUITE 1200 MIAMI FL 33133**
Mailing Address: **2665 S BAYSHORE DR. SUITE 1200 MIAMI FL 33133**

2. Principal Place of Business: Suite, Apt #, etc. City & State Zip Country
3. Mailing Address: Suite, Apt #, etc. City & State Zip Country



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent
**BERKOWITZ, JEFFREY L.
2665 S. BAYSHORE DR, #1200
MIAMI FL 33133**

4. FEI Number: **65-0096772** Applied For Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
7. Name and Address of New Registered Agent: Name, Street Address (P O Box Number is Not Acceptable), City, State (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

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record: **\$500,000.00**
10. Amount of Capital Contributions in FLORIDA to date.

**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 # | L04000045188 |
| NAME | KENDALLGATE, LLC |
| STREET ADDRESS | 2665 S BAYSHORE DR, 1200 |
| CITY-ST-ZIP | MIAMI FL |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
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| 13. ADDRESS CHANGES ONLY | |
|--------------------------|--|
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04/30/05-80112-001 535.00**

STAPLE CHECK HERE

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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____ **SIGNATURE** TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER _____ Date _____ Daytime Phone # _____
4/20/05