

# 2001 UNIFORM BUSINESS REPORT (UBR)

0004989 AF

**DOCUMENT #** A28913  
**1. Entity Name**  
 KENDALL HAMMOCKS, LTD.

**FILED**  
**FILED**  
 01 FEB 23 AM 10:30  
 01 FEB 23 AM 10:30  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 TALLAHASSEE, FLORIDA

**Principal Place of Business**      **Mailing Address**  
 1550 MADRUGA AVENUE      1550 MADRUGA AVENUE  
 SUITE 230      SUITE 230  
 CORAL GABLES FL 33146      CORAL GABLES FL 33146

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

DO NOT WRITE IN THIS SPACE

**4. FEI Number** 65-0147070      Applied For  
 Not Applicable

**5. Certificate of Status Desired**  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 SHANE, MARTIN H  
 1550 MADRUGA AVE., STE 230  
 CORAL GABLES FL 33146

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L11952 KENDALL HAMMOCKS, INC. 1550 MADRUGA AVENUE CORAL GABLES FL 33146	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	

**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:** Peter A. Roberts      **02-20-01**      **305-667-6461**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #  
 PETER A. ROBERTS, ST

CR2E003 (11/00)