

**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

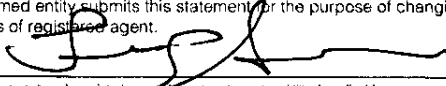
DOCUMENT # A28913 1. Entity Name KENDALL HAMMOCKS, LTD.	
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Principal Place of Business 1550 MADRUGA AVENUE SUITE 230 CORAL GABLES, FL 33146	Mailing Address 1550 MADRUGA AVENUE SUITE 230 CORAL GABLES, FL 33146
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

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 <u>Lawrence E. Suchman</u> Street Address (P.O. Box Number is Not Acceptable) <u>1550 Madruga Ave</u> <u>Suite 230</u> City <u>Coral Gables</u> FL Zip Code <u>33146</u>
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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 <u>4/20/07</u>
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**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00**

**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 CITY-ST-ZIP	200103606992 05/31/07--01025--016 **500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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 exemptions contained in Chapter 119, 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: 	DATE: <u>04/20/2007</u>	DAYTIME PHONE #: <u>305-667-6461</u>
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PETER A. ROBERTS

FILED
07 MAY 18 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03012007 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0147070	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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STAPLE CHECK HERE