


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

U08002  
AT

**DOCUMENT # A30305**

1. Entity Name  
**KENDALL FARMS, LTD.**



**FILED**

2003 JAN 22 AM 12:43

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**105 OAKS COURT  
SANFORD FL 32771**

Mailing Address  
**105 OAKS COURT  
SANFORD FL 32771**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

**DUE BY MAY 1, 2003**

4. FEI Number **59-3039480**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CARLI, MARNITA K.  
105 OAKS COURT  
SANFORD FL 32771**

**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. 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.

9. Capital Contributions as Shown on record. **\$985,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO FL. 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	<b>CARLI, MARNITA K. 105 OAKS COURT SANFORD FL</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>WYATT, JENTA RAE 3823 NE. 19TH STREET CIRCLE OCALA FL 34470</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	<b>900010437789</b>
CITY - ST - ZIP	<b>01/22/03--01109--003 **526.25</b>
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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: *Jenta Rae Wyatt* **REQUIRED** *Wyatt* **1/16/03** **352-351-8558**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)