

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A9600001993
LIMITED PARTNERSHIP
ANNUAL REPORT
1997
FLORIDA DEPARTMENT OF STATE
Sandra Morthan
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership KENDALL COVE, LTD.		1a. DOCUMENT # A9600001993	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
Mailing Address 200 South Biscayne Blvd. Suite 2410 Miami, Florida 33131		Principal Office Address 200 South Biscayne Blvd. Suite 2410 Miami, Florida 33131	
3. Date Formed or Registered October 28, 1996		5a. Capital Contributions as Shown on record \$4,950	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date.	
4. State or Country of Formation FL		6. FEI Number 65-0700541 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to: Dept. of State (See reverse side for fee information)	

97-AR
CM

9. Name and Address of Current Registered Agent Paul L. Cejas 200 South Biscayne Blvd. Suite 2410 Miami, Florida 33131		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code	
		200002000862--7 -11/08/96--01100--004 ****191.25 ****191.25 FL	

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
PLC Cove, Inc.	200 South Biscayne Blvd Suite 2410	Miami, Florida 33131	P96000087080

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Hilda C. Montero

DATE 11/1/96

Hilda C. Montero, Treasurer/Secretary
PLC Cove, Inc. General Partner

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number 305-371-6001

CR2E003 (6/96)