

2001 UNIFORM BUSINESS REPORT (UBR)

0013648 AF

DOCUMENT # A96000001993

1. Entity Name
KENDALL COVE, LTD.

FILED

01 MAY 17 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address

420 LINCOLN ROAD **P.O. BOX 191768**
SUITE 335 **MIAMI FL 33119**
MIAMI BEACH FL 33139

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

33119-1768

4. FEI Number Applied For

65-0700541 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PLC INVESTMENTS, INC.
420 LINCOLN ROAD
SUITE 335
MIAMI BEACH FL 33139

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. \$2,338,054.00

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	
DOCUMENT #	P96000087080
NAME	PLC COVE, INC.
STREET ADDRESS	420 LINCOLN ROAD SUITE 335
CITY-ST-ZIP	MIAMI BEACH FL 33139
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	400004416674-8
CITY-ST-ZIP	--06/12/01--01084--010
	*****526.25 *****526.25
STREET ADDRESS	
CITY-ST-ZIP	
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 **KENDALL COVE, LTD., By: PLC Cove, Inc., Its General Partner, By: Hilda C. Montero, Secretary**

SIGNATURE: *Hilda C. Montero*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/19/01
Date

305-531-5220
Daytime Phone #

CP2E003 (11/00)