

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

001593
AT

DOCUMENT # **A97000000207**

1. Entity Name

KENDALL FAMILY PARTNERSHIP OF P.B. CO., LTD.

02 APR 17 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 5414 GEORGIA AVENUE WEST PALM BEACH FL 33405	Mailing Address 5414 GEORGIA AVENUE WEST PALM BEACH FL 33405
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number **65-0723941** Applied For Not Applicable

DUE BY MAY 1, 2002

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KENDALL, TIMOTHY W
5414 GEORGIA AVENUE
WEST PALM BEACH FL 33405**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 *Timothy W. Kendall*
Signature, typed or printed name of registered agent and title if applicable.

4-3-02
DATE

9. Capital Contributions as Shown on record. **\$1,427,370.00**

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

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	KENDALL, C W TRUSTEE 5414 GEORGIA AVENUE WEST PALM BEACH FL 33405	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
DOCUMENT #	KENDALL, ESTHER TRUSTEE 5414 GEORGIA AVENUE WEST PALM BEACH FL 33405	STREET ADDRESS	900005312229--8
NAME		CITY-ST-ZIP	-04/22/02--01026--006
STREET ADDRESS			*****535.00 *****535.00
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			

CR2E003 (9/01)

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: *Timothy W. Kendall*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-3-02 **561/585-3626**
Date Daytime Phone #