

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K15098

FILED  
Mar 03, 2009  
Secretary of State

Entity Name: KENDALLGATE PROPERTIES, INC.

**Current Principal Place of Business:**

% JEFFREY L. BERKOWITZ  
2665 S. BAYSHORE DR, S-1200  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

% JEFFREY L. BERKOWITZ  
2665 S. BAYSHORE DR, S-1200  
COCONUT GROVE, FL 33133

**New Mailing Address:**

FEI Number: 65-0029928      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BERKOWITZ, JEFFREY L.  
2665 S. BAYSHORE DR  
SUITE 1200  
COCONUT GROVE, FL 33133 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: BERKOWITZ, JEFFREY L.  
Address: 2665 S BAYSHORE DR 1200  
City-St-Zip: COCONUT GROVE, FL

Title: VPS ( ) Delete  
Name: SINGER, DAVID M  
Address: 2665 S BAYSHORE DR, 1200  
City-St-Zip: COCONUT GROVE, FL 33133

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY L. BERKOWITZ

DPT

03/03/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date