	•			
20 64.	UNIFORM	BUSINESS	REPORT	(UBR

SIGNATURE:

DOCUMENT # A000000381							
KENDALL COURT APARTMENTS, LTD.					FILED		
·					01 APR -9 AM 9: 49		
Principal Plac	ce of Business	Mailing Address	ress		SECRETARY OF 49		
11635 NW FIRST AVENUE GAINESVILLE FL 32607		11635 NW FIRST AVENUE GAINESVILLE FL 32607			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business 3. Mailing Address			,				
- Thiopat face of business		o. Maining Addiess	or maming reaction				
Suite, Apt. #, etc. Suite,		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State	City & State		4. FEI Number 59–3629357 Applied For Not Applicable		
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired X \$8.75 Additional Fee Required		
	6. Name and Address of 0	Current Registered Agent		7. Name and Address of New Registered Agent Name			
CURTIS, J	IOHN M						
•	V FIRST AVENUE			Street Address (P.O. Box Number is Not Acceptable)			
GAINESVI	LLE FL 32607	•					
	;	•		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	Signature, typed or printed name of register	ared agent and title if applicable. (NOTE:	Registered	d Agent signature requir	ed when reinstating) DATE		
9. Capital Co as Shown	ontributions on record. \$50	10. Amount of Capita in FLORIDA to da		outions	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.		ARTNER INFORMATION	13.	,	ADDRESS CHANGES ONLY		
DOCUMENT # NAME	CHIDTIS HOUN M		STRE	ET ADDRESS	\		
STREET ADDRESS CITY-ST-ZIP	CURTIS, JOHN M 11635 NW FIRST AVENUE GAINESVILLE FL 32607		CITY-	-ST-ZIP	5000040452752 -04/23/0101158003		
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DOCUMENT # NAME			STREE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	, 1		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							

John M. Curtis

General Partner Date

03/13/01

352-332-0838

Daytime Phone #