

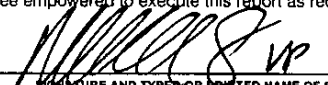


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 JAN 19 AM 9:39

DOCUMENT #A05000000487 1. Entity Name THE PROFESSIONAL CENTRE AT KENDALL TOWN CENTER, LLLP					
Principal Place of Business 616 E. ATLANTIC AVE. DELRAY BEACH, FL 33483			Mailing Address 616 E. ATLANTIC AVE. DELRAY BEACH, FL 33483		
2. Principal Place of Business - No P.O. Box # 2515 S.R. 7		3. Mailing Address 2515 S.R. 7			
Suite, Apt. #, etc. # 230		Suite, Apt. #, etc. # 230			
City & State Wellington, FL		City & State Wellington, FL			
Zip 33414		Country USA		01132007 Chg-LP CR2E003 (12/06)	
4. FEI Number APPLIED FOR		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KRALL, MARK L ESQ. 616 E. ATLANTIC AVE. DELRAY BEACH, FL 33483			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				000085840130 01/23/07--01017--022 **500.00 <small>DATE</small>	
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00					
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		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	PROFESSIONAL CENTRE - K.T.C., INC. 616 E. ATLANTIC AVE. DELRAY BEACH, FL 33483		STREET ADDRESS CITY-ST-ZIP	2515 S.R. 7, #230 Wellington, FL 33414	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  VP Professional Centre - K.T.C., Inc. 11/2/07 9544101838 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE