

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAR 11 PM 1:08

**DOCUMENT # A05000000487**

1. Entity Name  
 THE PROFESSIONAL CENTRE AT KENDALL TOWN  
 CENTER, LLLP



Principal Place of Business  
 2515 SR 7  
 SUITE 230  
 WELLINGTON, FL 33414

Mailing Address  
 2515 SR 7  
 SUITE 230  
 WELLINGTON, FL 33414

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip Country



02012008 Chg-LP CR2E003 (12/06)

4. FEI Number  
 APPLIED FOR

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ \$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  
 Marc Stanley

Street Address (P.O. Box Number is Not Acceptable)  
 2515 SR 7, Suite 230

City Wellington FL Zip Code 33414

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 *[Signature]* 2-13-08 DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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 #	PROFESSIONAL CENTRE - K.T.C., INC.	STREET ADDRESS	
NAME	2515 SR 7, #230	CITY - ST - ZIP	
STREET ADDRESS	WELLINGTON, FL 33414		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	100119850731
NAME		CITY - ST - ZIP	03/10/08--01064--008 **500.00
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STREET ADDRESS			
CITY - ST - ZIP			

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: *[Signature]* UP *[Signature]* 2-13-08 954412158

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE