


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 JAN 19 AM 9:39

DOCUMENT # A0500000488
 1. Entity Name
 THE 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
 Suite, Apt. #, etc.
 #230

3. Mailing Address
 2515 S.R. 7
 Suite, Apt. #, etc.
 #230



City & State
 Wellington, FL

City & State
 Wellington, FL

Zip
 33414

Country
 USA

Zip
 33414

Country
 USA

01132007 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
 Street Address (P.O. Box Number is Not Acceptable)
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE 01/23/07

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 #	P02000098749	STREET ADDRESS	2515 S.R. 7, #230
NAME	CENTRE - K.T.C., INC.	CITY-ST-ZIP	Wellington, FL 33414
STREET ADDRESS	616 E. ATLANTIC AVE.		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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] CENTRE-K.T.C., Inc. 1/12/07 954 401838

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