


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 08 MAR 18 AM 8:11

DOCUMENT # A05000000488

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




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

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country 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 State Zip Code
Wellington **FL** 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] DATE 2-13-08

Signature, typed or printed name of registered agent and title if applicable. 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 #	P02000098749	STREET ADDRESS	
NAME	CENTRE - K.T.C., INC.	CITY-ST-ZIP	
STREET ADDRESS	2515 SR 7, #230		
CITY-ST-ZIP	WELLINGTON, FL 33414		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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] MARC D STANLEY
 CENTRE - K.T.C., INC.

Date 2-13-08 Daytime Phone # 954410631

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

STAPLE CHECK HERE