



**6 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 6, 2006**

**DOCUMENT # A05000002292**

1. Entity Name  
**KENDALE HOLDINGS, LLLP**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUL 27 AM 9:05

Principal Place of Business  
**4501 BEVERLY AVENUE  
JACKSONVILLE, FL 32210**

Mailing Address  
**4501 BEVERLY AVENUE  
JACKSONVILLE, FL 32210**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07132006

Chg-LP

CR2E003 (11/05)

City & State

City & State

4. FEI Number

**20-3999529**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRISP, DALE K  
4501 BEVERLY AVENUE  
JACKSONVILLE, FL 32210**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$900.00**  
**On or after September 6, 2006, Fee will be \$1000.00**

**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 # **P05000016665**  
NAME **KENDALE G.P., INC.**  
STREET ADDRESS **4501 BEVERLY AVENUE**  
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**800078225988**  
**08/01/06--01043--007 \*\*900.00**

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Kendale**  
**G.P., Inc.**

**7/14/06**

Date

Daytime Phone #