


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A05000002292 1. Entity Name KENDALE HOLDINGS, LLLP	
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FILED

2007 MAY 24 P 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4501 BEVERLY AVENUE JACKSONVILLE, FL 32210	4501 BEVERLY AVENUE JACKSONVILLE, FL 32210

2. Principal Place of Business - No P.O. Box # <i>5851 TIMUQUANA Rd</i>	3. Mailing Address <i>5851 TIMUQUANA Rd</i>
Suite, Apt. #, etc. <i>301</i>	Suite, Apt. #, etc. <i>301</i>

City & State JACKSONVILLE FL		City & State JACKSONVILLE FL	
Zip 32210	Country QWAL	Zip 32210	Country QWAL

04202007 Chg-LP CR2E003 (12/06)

4. FEI Number 20-3999529	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
<p>CRISP, DALE K 4501 BEVERLY AVENUE JACKSONVILLE, FL 32210</p>

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

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 #	P05000016665	STREET ADDRESS	5851 TIMUGUANA Rd, Ste 301
NAME	KENDALE G.P., INC.	CITY-ST-ZIP	JACKSONVILLE, FL. 32210
STREET ADDRESS	4501 BEVERLY AVENUE-		
CITY-ST-ZIP	JACKSONVILLE, FL 32210		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
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: Kenyon S. AtLee 4-25-07 904-384-6967
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE