2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DO NOT WRITE IN THIS SPACE

DOCUMENT # A05572

KENDALL - 77, LTD.

FILED Apr 18, 2008 08:00 A Secretary of State

Principal Place of Business

9155 SOUTH DADELAND BLVD

#1812 MIAMI, FL 33156 Mailing Address

9155 SOUTH DADELAND BLVD

#1812

MIAMI, FL 33156



04012008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-2161148

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREEN, ELIZABETH A ESQ. 9155 SOUTH DADELAND BLVD., SUITE 1812 MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE

	<u> </u>	
The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent.	ed office or registered agent, or both, in the State of Florida. I	am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable	DA	.TE

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
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	G45691 DADELAND SQUARE, INC. 9155 SOUTH DADELAND BLVD., #1812 MIAMI, FL 33156
DOCUMENT # NAME STREET ADDRESS CITY-SI-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY+ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY: ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 slopature 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:

DOCUMENT # NAME STREET ADDRESS CITY - ST-ZIP

> neca AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER