

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

DOCUMENT # A06164

1. Entity Name

SUNDALE, LTD.



FILED

04 MAY 24 PM 1:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



MOORE CR2E003 (11/03)

5/24

Principal Place of Business 9100 NORTH KENDALL DR MIAMI FL 33176		Mailing Address 9100 NORTH KENDALL DR MIAMI FL 33176	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **59-1813297** Applied For ☐ Not Applicable ☒

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

6. Name and Address of Current Registered Agent

SCUTIERI, PHILIP JR.
9100 NORTH KENDALL DR.
MIAMI FL 33176

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

9. Capital Contributions as Shown on record. \$45,000.00	10. Amount of Capital Contributions in FLORIDA to date. 45,000	11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION.
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**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 #	P97000098107	STREET ADDRESS	
NAME	KENDALE CAPITAL, INC.	CITY-ST-ZIP	
STREET ADDRESS	9100 NORTH KENDALL DR		
CITY-ST-ZIP	MIAMI FL 33176		
DOCUMENT #		STREET ADDRESS	100037870321
NAME		CITY-ST-ZIP	06/11/04--01022--026 **403.75
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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 exemption stated in Section 119.07(3)(i), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

14 April 2004 (305) 274-2600
Date Daytime Phone #

STAPLE CHECK HERE