FILE ON OR BEFORE APRIL 7, 1999 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED

1999	DIVISIO	ON OF CORPORAT	IONS 99 APR -	1 PM 2: 31	
1. Name of Limited Partnership	1a. DOC A16391			SEGNATARE OF STATE.	
KENDALL GARDENS OF	FICE PROPERTIES, LT	D.			
Malling Address	Principal Office Address	Principal Office Address		5a. Capital Contributions as Shown on record	
550 BILTMORE WAY, SUITE 700 CORAL GABLES FL 33134	, - · · · · · · · · · · · · · · · · · ·		02/09/1984 3a. Date of Last Report	\$3,269,166.67	
Mailing Address 2a. Principal Office Address		12/22/1997 4. Stale or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			Applied For Not Applicable	
City & State Zip Country	City & State	Country	7. Certificate of Status Desired 8. Make check payable to Dept	\$8.75 Additional Fee Required of State (See reverse side for fee information)	
9. Name and Address	of Current Registered Agent		10. If changed, new Registere		
CORAL GABLES FL 33134 10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above for the purpose of changing its registered office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes		Suite, Apt : City CO ve-named limited partners of Florida Such chan	ITE 700 RAL GABLES prship organized or registered under the laws of the same	FL Zip Code 33134 the State of Florida, submits this statement	
SIGNATURE (Registered Agent Accepting Appoin	ntment)	20 Pm	DAT	3/26/19	
A GENERAL PARTNER	THAT IS A CORPORATION MUST BE REGISTERED	ON, LIMITED O AND ACTI) PARTNERSHIP OR OTH VE WITH THIS OFFICE.	IER BUSINESS ENTITY	
11. Name(s) of General Partner(s)		11a. (Do NOT Use Post Office Box Numbers)		11c. Registration/ Document Number	
SOUTHEAST REALTY INVEST.	550 BILTMORE V	550 BILTMORE WAY, SUI		G45954	
			~04/13	8971477 2/3301145019 326,25 ****526,25	
Note: General partners MA 12. I do hereby certify that the information supplies.	plied with this filing is voluntarily furnished and de	oes not qualify for the e	xemplion stated in Section 119 07(3)(k), Florida 5		

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number