

2001 UNIFORM BUSINESS REPORT (UBR)

0004381 AF

DOCUMENT # A16391

1. Entity Name
KENDALL GARDENS OFFICE PROPERTIES, LTD.

FILED

01 APR 25 PM 12:15

Principal Place of Business
 550 BILTMORE WAY, SUITE 700
 CORAL GABLES FL 33134

Mailing Address
 550 BILTMORE WAY, SUITE 700
 CORAL GABLES FL 33134

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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 59-2382285

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

Applied For
☐ Not Applicable

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

POLLER, NEALE J
 550 BILTMORE WAY, SUITE 700
 CORAL GABLES FL 33134

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. Capital Contributions as Shown on record. **\$3,269,166.67**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #	G45954	STREET ADDRESS	
NAME	SOUTHEAST REALTY INVEST.	CITY-ST-ZIP	
STREET ADDRESS	550 BILTMORE WAY, SUITE 700		
CITY-ST-ZIP	CORAL GABLES FL 33134		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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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: _____ **DATE** 07/10/01 **Daytime Phone #** 305/442-4994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER OFFICE PROP., LTD.

CR2E003 (11/00)