2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # A18363 1. Entity Name FILED KENDALL COURT ASSOCIATES, LTD. JAN 31 AM 10: 37 Principal Place of Business Mailing Address SECRETARY OF STATE 2828 CORAL WAY 2828 CORAL WAY PENTHOUSE SUITE PENTHOUSE SUITE TALLAHASSEE, FLORIDA MIAMI FL 33145 MIAMI FL 33145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 13-3245543 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THE RELATED COMPANIES OF FLORIDA, INC. Street Address (P.O. Box Number is Not Acceptable) 2828 CORAL WAY PENTHOUSE I **MIAMI FL 33145** 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 10. Amount of Capital Contributions 9. Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT OF STATE \$2,179,396.00 as Shown on record. in FLORIDA to date. 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 ADDRESS CHANGES ONLY 13. CR2E003 (11/00) DOCUMENT # 617998 STREET ADDRESS NAME THE RELATED COMPANIES OF FLORIDA, INC. 800003654414 STREET ADDRESS 2828 CORAL WAY, PENTHOUSE CITY-ST-ZIP -02/06/01--01084--020 CITY-ST-ZIP MIAMI FL ****535.00 ****535.00 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **£**00CUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

ANGEL HERNANDEZ