2002 UNIFOR	M BUSINESS	REPORT	(UBR)
-------------	------------	---------------	-------

DOCUMENT # A18363 1. Entity Name				t t	- FILED	0041
KENDALL COURT ASSOCIATES, LTD.					SECRETARY OF STATE	AT:
Principal Place of Business 2828 CORAL WAY PENTHOUSE SUITE MIAMI FL 33145 Mailing Address 2828 CORAL WAY PENTHOUSE SUITE MIAMI FL 33145			<u> </u>	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal Place of Business 3. Mailing Address					i IULi	
Suite, Apt. #, etc. Suite, Apt. #, etc.				DUE BY MAY 1, 2002		
City & Stat	te	City & State	& State		4. FEI Number 13-3245543 Applied I Not Appl	
Zip	Country Zip Co		Cour	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		Marra	7. Name and Address of New Registered Agent	
- THE REI	ATED COMPANIÉS OF FLORIDA;	INC		Name		
2828 CO	· · · · · · · · · · · · · · · · · · ·			Street Address	s (P.O. Box Number is Not Acceptable)	~ ~]
PENTHO						
MIAMI FL 33145			City FL Zip Code			
8. The above	named entity submits this statement for	or the purpose of changing its	register	ed office or regist	ered agent, or both, in the State of Florida.	
SIGNATURE						_
9. Capital Co	Signature, typed or printed name of registered agen	10. Amount of Capi	tai Contri		11. MAKE CHECK PAYABLE TO DEPT. OF STA	r F
as Shown	on record. 42,173,330,00	in FLORIDA to o	date.	- 	SEE REVERSE SIDE FOR FEE INFORMATION	
					STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.	
12.	GENERAL PARTNE		13.		ADDRESS CHANGES ONLY	<u> </u>
DOCUMENT #	MIAMI FL		STR	EET ADDRESS		(10/6
NAME STREET ADDRESS			CITY	'-ST-ZIP	000004917250	CR2E003 (9/01)
DOCUMENT #					-02/13/0201100028 ****535.00 *****535.0	
NAME STREET ADDRESS			STR	EET ADDRESS	非常がありつう。しじ かかかかつしつ。し	
CITY-ST-ZIP			CITY	'-ST-ZIP		
DOCUMENT #			STRI	EET ADORESS	· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS CITY-ST-ZIP			CITY	'-ST-ZIP		
DOCUMENT #			STR	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY	'-ST-ZIP		
DOCUMENT #			c rar	EET ADORESS		
NAME . STREET ÅDDRESS			ł	 		
CITY-ST4 ZIP			CITY	'-ST-ZIP		
DOCUMENT # NAME			STR	EET ADORESS		
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP		
14. I hereby of indicated	certify that the information supplied with	h this filing does not qualify fo	r the exe	mption stated in Select as if	Section 119.07(3)(i), Florida Statutes. I further certify that the informat made under oath; that I am a General Partner of the limited partners	ion ship or
the receiv	er or trustee empowered to execute the	is report as required by Chap	ter 620.	Florida Statutes	made and a damp that have a demonstrate and or the initiated partition	

SIGNATURE:

SIAPLE CHECA HERE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNERCE - PRESIDENT

Date Daytime Phone #