## 2003 LIMITED PARTNERSHIP

UN	IFORM BU	SINES	REPOR	T (U	BR)	į.		. •
DOCUMENT # A18363  1. Entity Name KENDALL COURT ASSOCIATES, LTD.						FILED 2003 APR 23 PM 1: 35		
Principal Place of Business 2828 CORAL WAY PENTHOUSE SUITE MIAMI FL 33145			niling Address 26 CORAL WAY NTHOUSE SUITE AMI FL 33145			DIVILION OF CORPORATIONS FALEAHASSEE, FLORIDA		
2. Principal Place of Business			3. Mailing Address			(100:21) 100 (102) 12100 1112 0110		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUE BY MAY 1, 2003		
City & State			City & State			4. FEI Number 13-3245543		Applied For Not Applicable
Zip Country			Zip Coun		,	5. Certificate of Status Desired	Fe Fe	<b>8.75</b> Additional se Required
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name			
THE RELATED COMPANIES OF FLORIDA, INC. 2826 CORAL WAY					Street Address (P.O. Box Number is Not Acceptable)			
PENTHOUSE I MIAMI FL 33145			-		City		FL	Zip Code
the obligated SIGNATURE	tions of registered agent.  Signature, typed or printed name of re-	gistered agent and title if	applicable.			ed agent, or both, in the State of Flor	DATE	
9. Capital Contributions as Shown on record.  \$2,179,396.00  10. Amount of Capital in FLORIDA to compare the contributions in FLORIDA to compare the contribution of the contribution in FLORIDA to compare the contribution of the contribution in FLORIDA to compare the contribution of the			in FLORIDA to da	te.		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION		
						ERED AND ACTIVE WITH THIS t must be filed to change a get		er
12.		L PARTNER INFO		13.	an anienamen	ADDRESS CHA	<del></del>	
DOCUMENT # NAME STREET ADDRESS	617998 THE RELATED COMPANIES OF FL 2828 CORAL WAY,PENTHOUSE MIAMI FL		OMIDA, INC.		ADDRESS			
CITY-ST-ZIP					r-zip			
DOCUMENT <b>#</b> NAME				STREET	ADDRESS	ORESS 30015799403 04/23/0301052010 **535.00		
STREET ADDRESS CITY-ST-ZIP				CITY-ST	r-ZIP	U4/23/U3U1U52U1U **535.UU		
DOCUMENT # NAME	. ~		• •	STREET	ADDRESS		<u> </u>	<u></u>
STREET ADDRESS CITY-ST-ZIP			·	CITY-ST	- ZIP	<u> </u>		
DOCUMENT # NAME				STREET	ADDRESS			
STREET ADDRESS CITY-ST-ZIP				CITY-ST	-ZIP		· ·	
DOCUMENT # NAME				STREET	ADDRESS		· 	
STREET ADDRESS CITY-ST-ZIP		-		CITY-ST	- ZIP			
DOCUMENT # NAME				STREET	ADDRESS			
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 ANDE. I

**SIGNATURE:** 

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #