


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 JAN -6 PM 3:18</p>	
1. Name of Limited Partnership KENDALL TOWNHOME INVESTORS, LTD.		1a. DOCUMENT # A19600			
2. Mailing Address C/O MAERIL, INC. ONE INSIGNIA FINANCIAL PLAZA GREENVILLE SC 29602		2a. Principal Office Address C/O MAERIL, INC. ONE INSIGNIA FINANCIAL PLAZA GREENVILLE SC 29602		3. Date Formed or Registered 03/29/1985 3a. Date of Last Report 02/10/1997 4. State or Country of Formation FL 6. FEI Number 36-3310961 7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)	
5a. Capital Contributions as Shown on record. \$1,645,000.00 5b. Amount of Capital Contributions in FLORIDA to date: 1,645,000.00					
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PLANTATION ISLAND ROAD PLANTATION FL 33324		10. If changed, new Registered Agent/Office Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt. #, etc. _____ City _____ FL Zip Code _____			
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.					
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____					
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Name(s) of General Partner(s) MAERIL, INC.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) C/O ONE INSIGNIA FINA		11b. City, State & Zip Code GREENVILLE SC 29602	
11c. Registration/Document Number F94000003327		600002410506--0 -01/23/98--01092--002 *****541.25 *****541.25 437.50 103.75 dec			
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.					
SIGNATURES _____ DATE 9/10/97 Typed or Printed Name of General Partner Signing Form <i>Walter M. Buechler, Asst. Sec.</i> Daytime Telephone Number 864-239-1000					

CR2E003 (6/97)