


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # A27724	
1. Entity Name KENDALLGATE CENTER ASSOCIATES, LTD.	

Principal Place of Business 2665 S BAYSHORE DR. SUITE 1200 MIAMI FL 33133	Mailing Address 2665 S BAYSHORE DR. SUITE 1200 MIAMI FL 33133
---	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1ST MOORE CR2E003 (10/04)

4. FEI Number 65-0096772	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent BERKOWITZ, JEFFREY L. 2665 S. BAYSHORE DR, #1200 MIAMI FL 33133	
---	--

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	DATE _____
Signature, typed or printed name of registered agent and title if applicable	

9. Capital Contributions as Shown on record. \$500,000.00	10. Amount of Capital Contributions in FLORIDA to date.
--	---

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

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 # L04000045188	NAME KENDALLGATE, LLC	STREET ADDRESS	
STREET ADDRESS 2665 S BAYSHORE DR, 1200		CITY- ST- ZIP	
CITY- ST- ZIP MIAMI FL			
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	
CITY- ST- ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY- ST- ZIP	
CITY- ST- ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY- ST- ZIP	
CITY- ST- ZIP			

U000000347315
04/30/05-80112-001 535.00

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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____	DATE _____
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	

STAPLE CHECK HERE