2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # A27724

1. Entity Name

KENDALLGATE CENTER ASSOCIATES, LTD.

Principal Place of Business	Mailing Address
2665 S BAYSHORE DR. SUITE 1200 MIAMI FL 33133	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 (10/05)

4. FEI Number 65-0096772 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BERKOWITZ, JEFFREY L. 2665 S. BAYSHORE DR, #1200 MIAMI FL 33133	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

FILE NOW!!! Fee is $500. * After May 1, 2006, fee will be $900. *** Make check payable to Florida Department of State.**

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	STREET ADDRESS	
NAME	KENDALLGATE, LLC		
STREET ADDRESS	2665 S BAYSHORE DR, 1200	CITY-ST-ZIP	000000531601 05/06/06-80050-014 508.75
CITY-ST-ZIP	MIAMI FL		
DOCUMENT #		STREET ADDRESS	
NAME			
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CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 03/20/06 (305)859-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #