

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 OCT 24 PM 1:10



1. Name of Limited Partnership
KENDALL 1 PLAZA, LTD.

1a. DOCUMENT #
A28821

Mailing Address 2828 CORAL WAY PENTHOUSE SUITE MIAMI FL 33145	Principal Office Address 2828 CORAL WAY PENTHOUSE SUITE MIAMI FL 33145
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 08/29/1989	5a. Capital Contributions as Shown on record \$990.00
3a. Date of Last Report 01/02/1996	
4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date 990.
6. FEI Number 65-0143358	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent

PEREZ, JORGE M.
2828 CORAL WAY
PENTHOUSE 1
MIAMI FL 33145

10. If changed, new Registered Agent/Office

Name _____
Street Address (P.O. Box Number Is Not Acceptable) _____
Suite, Apt. #, etc. _____
City _____
FL Zip Code **33145**

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
RELATED COMMERCIAL, INC.	2100 CORAL WAY, PNTHS	MIAMI FL	M77212
GADCO-KENDALL, INC.	200 S. BISCAYNE BL,#2	MIAMI FL	L00008

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-11/05/96--01004--001
****200.00 ****200.00

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.

SIGNATURE *Angel Hernandez* **ANGEL HERNANDEZ**
VICE - PRESIDENT DATE **10/22/96**
Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number **305-460-9900**

CR2E003 (6/96)