

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

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # A28821
1. Entity Name
KENDALL 1 PLAZA, LTD.




Principal Place of Business: **523 MICHIGAN AVENUE MIAMI BEACH FL 33139**
Mailing Address: **523 MICHIGAN AVENUE MIAMI BEACH FL 33139**

2. Principal Place of Business: Suite, Apt #, etc.
3. Mailing Address: Suite, Apt #, etc.

City & State

Zip Country Zip Country

JAN 25 2005
OK 3401

1ST MOORE CR2E003 (10/04)
4. FEI Number **65-0143358** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FRYD, JONATHAN
523 MICHIGAN AVENUE
MIAMI BEACH FL 33139

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

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

9. Capital Contributions as Shown on record. **\$990.00**
10. Amount of Capital Contributions in FLORIDA to date.

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

DOCUMENT #	L01000001063
NAME	KENDALL 1 PLAZA GP, LLC
STREET ADDRESS	523 MICHIGAN AVENUE
CITY - ST - ZIP	MIAMI BEACH FL 33139
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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CITY - ST - ZIP	

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02/02/05-80014-025 141.25

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

SIGNATURE:  **Jonathan Fryd** 1/29/05 305673284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE