2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

SIGNATURE:

Due By May 1, 2006 FILED **DOCUMENT # A28821** Apr 25, 2006 08:00 Al 1. Entity Name Secretary of State KENDALL 1 PLAZA, LTD. Principal Place of Business Mailing Address **523 MICHIGAN AVENUE 523 MICHIGAN AVENUE** 4039 MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 04242006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0143358 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FRYD, JONATHAN DO NOT WRITE **523 MICHIGAN AVENUE** MIAMI BEACH, FL 33139 IN THIS SPACE 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, typad or printed name a registered apoint ar title if applicable. FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 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. GENERAL PARTNER INFORMATION 12. L01000001063 DOCUMENT # 1/00000533690 KENDALL I PLAZA GP. LLC NAME STREET ADDRESS 523 MICHIGAN AVENUE 05/06/06-80131-013 500.00 CITY-ST-ZIP MIAMI BEACH, FL 33139 · - . DOCUMENT# ----NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED MANE OF SIGNING GENERAL PARTNER

Date

Date

Dayline Phone #