

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

98 DEC 17 AM 8:42

mtm
12/23

1. Name of Limited Partnership KENDALL HAMMOCKS, LTD.	1a. DOCUMENT # A28913
---	--



Mailing Address 1550 MADRUGA AVENUE SUITE 230 CORAL GABLES FL 33146	Principal Office Address 1550 MADRUGA AVENUE SUITE 230 CORAL GABLES FL 33146	3. Date Formed or Registered 09/18/1989	5a. Capital Contributions as Shown on record. \$500,000.00
		3a. Date of Last Report 12/22/1997	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation FL	6. FEI Number 65-0147070
Suite, Apt. #, etc.	Suite, Apt. #, etc.		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip Country	Zip Country	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent SHANE, MARTIN H 1550 MADRUGA AVE., STE 230 CORAL GABLES FL 33146	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City
--	---

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) KENDALL HAMMOCKS, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1550 MADRUGA AVENUE	11b. City, State & Zip Code CORAL GABLES FL 33146	11c. Registration/Document Number L11952
--	---	---	--

800002722368--6
-12/24/98-D1086--006
****526.25 ****526.25

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 *Martin H. Shane*

DATE 12/11/98

Typed or Printed Name of General Partner Signing Form Martin H. Shane, V.P. Daytime Telephone Number 305-667-6461

CR2E003 (8/98)