
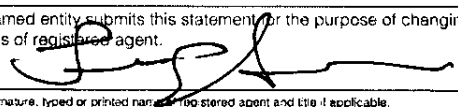
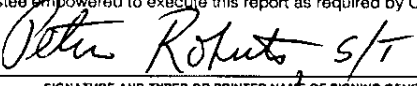


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A28913 1. Entity Name KENDALL HAMMOCKS, LTD.						FILED 07 MAY 18 AM 9:42 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1550 MADRUGA AVENUE SUITE 230 CORAL GABLES, FL 33146				Mailing Address 1550 MADRUGA AVENUE SUITE 230 CORAL GABLES, FL 33146			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 65-0147070				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SHANE MARTIN H 1550 MADRUGA AVE., STE 230 CORAL GABLES, FL 33146				7. Name and Address of New Registered Agent Name Lawrence E. Suchman Street Address (P.O. Box Number is Not Acceptable) 1550 Madruga Ave Suite 230 City Coral Gables FL Zip Code 33146			
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> 4/20/07 <small>DATE</small> </div> </div>							
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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.							
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY			
DOCUMENT #	L11952			STREET ADDRESS	200103606992		
NAME	KENDALL HAMMOCKS, INC.			CITY-ST-ZIP	05/31/07--01025--016 **500.00		
STREET ADDRESS	1550 MADRUGA AVENUE						
CITY-ST-ZIP	CORAL GABLES, FL 33146						
DOCUMENT #				STREET ADDRESS			
NAME				CITY-ST-ZIP			
STREET ADDRESS							
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NAME				CITY-ST-ZIP			
STREET ADDRESS							
CITY-ST-ZIP							
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:  s/r PETER A. ROBERTS				04/20/2007 305-667-6461 <small>Date Daytime Phone #</small>			

STAPLE CHECK HERE