

**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 Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**97 JAN 15 AM 11:30**



1. Name of Limited Partnership	1a. DOCUMENT # <b>A93000001460</b>
<b>KENNEDY PLAZA, LTD.</b>	

Mailing Address <b>1777 VENICE LANE, SUITE 232 NORTH MIAMI FL 33181</b>	Principal Office Address <b>1777 VENICE LANE, SUITE 232 NORTH MIAMI FL 33181</b>	3. Date Formed or Registered <b>12/27/1993</b>	5a. Capital Contributions as Shown on record. <b>\$260,000.00</b>
		3a. Date of Last Report <b>04/29/1996</b>	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation <b>FL</b>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number <b>65-0458458</b>	<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 <b>STREMPACK, GUY 1777 VENICE LANE SUITE 232 NORTH MIAMI FL 33181</b>	10. If changed, new Registered Agent/Office Name <b>MATTHEW WOHL</b> Street Address (P.O. Box Number Is Not Acceptable) <b>1777 VENICE LANE</b> Suite, Apt. #, etc. <b>SUITE 232</b> City <b>N. MIAMI</b> Zip Code <b>FL 33181</b>
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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) *Matthew Wohl* DATE *1/10/97*

**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) <b>THRIFT WAREHOUSES, INC.</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>1777 VENICE LANE, SUITE 232 N. MIAMI, FL 33181</b>	11b. City, State & Zip Code <b>N MIAMI FL 33181</b>	11c. Registration/Document Number <b>P93000003584</b>
<b>400002065014--5</b> <b>-01/22/97--01146--017</b> <b>****576.25 ****576.25</b> <b>KWM</b>			

**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 *Matthew Wohl, Pres.* DATE *1/9/96*  
Typed or Printed Name of General Partner Signing Form *MATTHEW WOHL* Daytime Telephone Number *(305) 891-8139*

CR2E003 (6/96)