

**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

96 DEC 31 PM 12:28

1. Name of Limited Partnership

1a. DOCUMENT #
A95000000862

COURTS AT KENDALL ASSOCIATES, LTD.



Mailing Address

2600 E. COMMERCIAL BOULEVARD, SUITE 213
FORT LAUDERDALE FL 33308

Principal Office Address

2600 E. COMMERCIAL BOULEVARD, SUITE 213
FORT LAUDERDALE FL 33308

3. Date Formed or Registered

06/09/1995

5a. Capital Contributions as Shown on record.

\$3,465,000.00

3a. Date of Last Report

01/17/1996

5b. Amount of Capital Contributions in FLORIDA to date:

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number

65-0588428

Applied For
 Not Applicable

City & State

City & State

7. Certificate of Status Desired

\$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

LIEBOWITZ, SHELDON
2600 E. COMMERCIAL BOULEVARD, SUITE 213
FORT LAUDERDALE FL 33308

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

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)

M.L. PROPERTY MANAGEMENT, IN
WESTON KENDALL CORP.

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

2600 E. COMMERCIAL BL
C/O 470 MAMARONECK AV

11b. City, State & Zip Code

FORT LAUDERDALE FL 33
WHITE PLAINS NY 10605

11c. Registration/Document Number

572228
P9500049362

600002057596--9
-01/14/97--01158--017
****576.25 ****576.25

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 670, Florida Statutes.

SIGNATURE

[Handwritten Signature]
SHELDON LIEBOWITZ

DATE

12-30-96

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

1-954-491-4511

CR2E003 (6/96)