

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000862**

1. Entity Name

COURTS AT KENDALL ASSOCIATES, LTD.

FILED

00 APR 13 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2600 E. COMMERCIAL BOULEVARD, SUITE 213
FORT LAUDERDALE FL 33308

Mailing Address
2600 E. COMMERCIAL BOULEVARD, SUITE 213
FORT LAUDERDALE FL 33308-4111

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0588428** Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WLMC REGISTERED AGENTS, INC.
701 BRICKELL AVE., SUITE 2000
MIAMI FL 33131

Name
BERMAN WOLFE RENNERT-VOGEL & MANDLER, P.A.
Street Address (P.O. Box Number is Not Acceptable)
100 Southeast Second Street
Suite 3500
City
Miami FL Zip Code
33131-2130

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.

SIGNATURE *Jeffrey L. Mandler, V.P.* **Jeffrey L. Mandler, V.P.** **4/6/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$3,465,000.00** 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 # NAME STREET ADDRESS CITY - ST - ZIP	572226 M.L. PROPERTY MANAGEMENT, INC. 2600 E. COMMERCIAL BLVD., SUITE 213 FORT LAUDERDALE FL 33308	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P95000049382 WESTON KENDALL CORP. C/O 470 MAMARONECK AVE., ROOM 205 WHITE PLAINS NY 10605	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Murray Liebowitz* **SIGNATURE REQUIRED** *954 491-4511*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date **2/17/00** Daytime Phone #

CR2E003 (9/99)