

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000862**

1. Entity Name

COURTS AT KENDALL ASSOCIATES, LTD.

FILED

02 JAN 23 PM 12: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**2600 E. COMMERCIAL BOULEVARD, SUITE 200
FORT LAUDERDALE FL 33308**

Mailing Address

**2600 E. COMMERCIAL BOULEVARD, SUITE 200
FORT LAUDERDALE FL 33308**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

65-0588428

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**REGISTERED AGENTS OF FLORIDA, LLC
100 SE SECOND ST., SUITE 3500
MIAMI FL 33131-2130**

**Jennings & Valancy, Attorneys
311 SE 13th Street
Fort Lauderdale, FL 33316**

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

Steven Valley

01/16/02

Signature, typed or printed name of registered agent and title if applicable.

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 # **572226**
NAME **M.S.L. PROPERTY MANAGEMENT, INC.**
STREET ADDRESS **2600 E. COMMERCIAL BLVD., SUITE 200**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **P95000049362**
NAME **WESTON KENDALL CORP.**
STREET ADDRESS **7-11 SOUTH BROADWAY, SUITE 200**
CITY-ST-ZIP **WHITE PLAINS NY 10601**

STREET ADDRESS

CITY-ST-ZIP

000004831100--5
-01/28/02--01063--025
******535.00 ****535.00**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)