

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.

DUE BY MAY 1, 2002

City & State

City & State

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 Valancy

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	
DOCUMENT #	572226
NAME	M.S.L. PROPERTY MANAGEMENT, INC.
STREET ADDRESS	2600 E. COMMERCIAL BLVD., SUITE 200
CITY-ST-ZIP	FORT LAUDERDALE FL 33308
DOCUMENT #	P95000049362
NAME	WESTON KENDALL CORP.
STREET ADDRESS	7-11 SOUTH BROADWAY, SUITE 200
CITY-ST-ZIP	WHITE PLAINS NY 10601
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	000004831100--5
CITY-ST-ZIP	-01/28/02--01063--025 ****535.00 ****535.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)