


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Mar 25, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A95000000862**  
 1. Entity Name  
**COURTS AT KENDALL ASSOCIATES, LTD.**



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: Suite, Apt. #, etc. / City & State / Zip / Country  
 3. Mailing Address: Suite, Apt. #, etc. / City & State / Zip / Country



01092004 Chg-LP CR2E003 (10/03)

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  
**JENNINGS & VALACY**  
**311 SE 13TH STREET**  
**FORT LAUDERDALE, FL 33316**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ **FL** Zip Code: \_\_\_\_\_

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record: **\$3,465,000.00**  
 10. Amount of Capital Contributions in FLORIDA to date: \_\_\_\_\_

**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	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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CITY-ST-ZIP	

1100000102576  
 04/05/04-80020-015 535.00

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #: \_\_\_\_\_