


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
Feb 15, 2005 08:00 AM
Secretary of State**

DOCUMENT # A9500000862
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

01052005 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 file 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

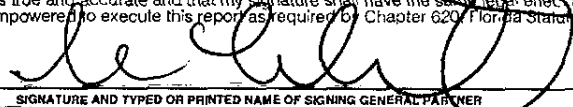
DOCUMENT #	572226
NAME	M.S.L. PROPERTY MANAGEMENT, INC.
STREET ADDRESS	2600 E. COMMERCIAL BLVD., SUITE 200
CITY- ST- ZIP	FORT LAUDERDALE, FL 33308
DOCUMENT #	P95000049362
NAME	WESTON KENDALL CORP.
STREET ADDRESS	7-11 SOUTH BROADWAY, SUITE 200
CITY- ST- ZIP	WHITE PLAINS, NY 10601
DOCUMENT #	
NAME	
STREET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

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY- ST- ZIP	UN0000230143 02/15/05-80030-013 535.00
STREET ADDRESS	
CITY- ST- ZIP	
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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)(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:  **2/15/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Day-10 Pkcs #