

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0011593  
AT

DOCUMENT # **A97000000207**

1. Entity Name

**KENDALL FAMILY PARTNERSHIP OF P.B. CO., LTD.**

02 APR 17 PM 12:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>5414 GEORGIA AVENUE WEST PALM BEACH FL 33405</b>	Mailing Address <b>5414 GEORGIA AVENUE WEST PALM BEACH FL 33405</b>
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
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**DUE BY MAY 1, 2002**

4. FEI Number <b>65-0723941</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**KENDALL, TIMOTHY W  
5414 GEORGIA AVENUE  
WEST PALM BEACH FL 33405**

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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.

SIGNATURE *Timothy W. Kendall*  
Signature, typed or printed name of registered agent and title if applicable.

**4-3-02**  
DATE

9. Capital Contributions as Shown on record. **\$1,427,370.00**

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 #	<b>KENDALL, C W TRUSTEE 5414 GEORGIA AVENUE WEST PALM BEACH FL 33405</b>	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	<b>KENDALL, ESTHER TRUSTEE 5414 GEORGIA AVENUE WEST PALM BEACH FL 33405</b>	STREET ADDRESS	<b>900005312229--8</b>
NAME		CITY-ST-ZIP	<b>-04/22/02--01026--005</b>
STREET ADDRESS			<b>*****535.00 *****535.00</b>
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			

CR2E003 (9/01)

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

**4-3-02**

Date

**561/585-3626**

Daytime Phone #