


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010085 AT

<b>DOCUMENT #</b> A97000000612 <b>1. Entity Name</b> KENDALL PARK PLAZA, LTD.	
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FILED

03 APR 24 AM 11:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>Principal Place of Business</b> 8500 S.W. 8 STREET, SUITE 228 MIAMI FL 33144	<b>Mailing Address</b> 8500 S.W. 8 STREET, SUITE 228 MIAMI FL 33144
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

<b>DUE BY MAY 1, 2003</b>	
<b>4. FEI Number</b> 65-0749135	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>
MACHADO, JOSE LUIS ESQ. 8500 S.W. 8 ST., #238 MIAMI FL 33144

<b>7. Name and Address of New Registered Agent</b>	
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.

<b>9. Capital Contributions as Shown on record.</b> \$1,182,583.60	<b>10. Amount of Capital Contributions in FLORIDA to date.</b> 1,182,583.60	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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 #	S96765
NAME	ON TIME CONSTRUCTION, INC.
STREET ADDRESS	8500 S.W. 8TH ST., #228
CITY - ST - ZIP	MIAMI FL 33144
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	
CITY - ST - ZIP	
STREET ADDRESS	600016824796
CITY - ST - ZIP	04/24/03--01016--005 **526.25
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 REQUIRED 4/10/03 (305) 364-9945

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)