FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing F.

FLORIDA DEPARTMENT OF STATE LIMITED PARTNERSHIP Sandra B, Mortham ANNUAL REPORT 98 DEC 10 AMIL: 24 Secretary of State 1999 DIVISION OF CORPORATIONS a. DOCUMENT # **A97000000858** 1. Name of Limited Partnership KENDALL COURTYARDS LIMITED PARTNERSHIP 5a. Capital Contributions as Shown on record. 3. Date Formed or Registered Mailing Address Principal Office Address 04/16/1997 1177 KANE CONCOURSE 1177 KANE CONCOURSE \$1,600,000.00 BAY HARBOR FL 33154 BAY HARBOR FL 33154 3a. Date of Last Report 10/10/1997 5b. Amount of Capital Contributions in FLORIDA to date: 4. State or Country of Formation 2a. Principal Office Address 2. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 6_ FEI Number Applied For Not Applicable 65-0760458 City & State City & State 7. Certificate of Status Desired \$8.75 Additional Fee Required Country Country 8. Make check payable to: Dept. of State (See reverse side for fee information) 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office Name DORFMAN, ROBERT Street Address (P.O. Box Number Is Not Acceptable) C/O HARBOUR REALTY 1177 KANE CONCOURSE, STE. 222 Suite, Apt. #, etc. BAY HARBOUR FL 33154 10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment)_ A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. Address of Each General Partner Registration/ 11c. 11. Name(s) of General Partner(s) 11a. (Do NOT Use Post Office Box Numbers) City, State & Zip Code Document Number CR2E003 (8/98) BAY HARBOR FL 33154 P97000034729 HRA COURTYARDS, INC. 1177 KANE CONCOURSE 700002716697--7 -01098--01098--026 ****526.25 ****526.25 Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 12. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119,07(3)(f), in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee