


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

|  |   |
|--|---|
| <b>DOCUMENT # A97000001193</b>                               |  |
| 1. Entity Name<br><b>KENDALL INVESTMENT ASSOCIATES, LTD.</b> |   |

**FILED**

**04 APR 29 AM 10:02**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



|  |  |
|--|--|
| Principal Place of Business<br><b>155 S. MIAMI AVE., SUITE PH-2A<br/>MIAMI, FL 33130</b> | Mailing Address<br><b>155 S. MIAMI AVE., SUITE PH-2A<br/>MIAMI, FL 33130</b> |
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|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Country             |

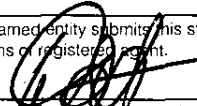
01122004 Chg-LP CR2E003 (10/03)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>65-0757581</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|---|---------------------------------------|

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| 6. Name and Address of Current Registered Agent<br><b>PANTHER REALTY ADVISORS, INC.<br/>155 S. MIAMI AVE., SUITE PH-2A<br/>MIAMI, FL 33130</b> |
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|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name<br><b>Kendall Panther Inc</b>                 |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City<br><b>FL</b>                                  | Zip Code |

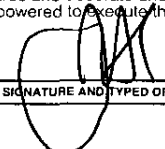
|   |   |
|---|---|
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. |   |
| SIGNATURE   | <b>/Daniel Sirlin, President</b> <b>4/26/04</b><br>DATE |

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| 9. Capital Contributions as Shown on record. <b>\$1,300,000.00</b> | 10. Amount of Capital Contributions in FLORIDA to date. |
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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 |                                       | 13. ADDRESS CHANGES ONLY |                                      |
|---------------------------------|---------------------------------------|--------------------------|--------------------------------------|
| DOCUMENT #                      | <b>P97000046114</b>                   | STREET ADDRESS           |                                      |
| NAME                            | <b>CYPRESS PANTHER, INC.</b>          | CITY-ST-ZIP              |                                      |
| STREET ADDRESS                  | <b>155 S. MIAMI AVE., SUITE PH-2A</b> |                          |                                      |
| CITY-ST-ZIP                     | <b>MIAMI, FL 33130</b>                |                          |                                      |
| DOCUMENT #                      |                                       | STREET ADDRESS           |                                      |
| NAME                            |                                       | CITY-ST-ZIP              | <b>200035843542</b>                  |
| STREET ADDRESS                  |                                       |                          | <b>05/10/04--01127--020 **526.25</b> |
| CITY-ST-ZIP                     |                                       |                          |                                      |
| DOCUMENT #                      |                                       | STREET ADDRESS           |                                      |
| NAME                            |                                       | CITY-ST-ZIP              |                                      |
| STREET ADDRESS                  |                                       |                          |                                      |
| CITY-ST-ZIP                     |                                       |                          |                                      |
| DOCUMENT #                      |                                       | STREET ADDRESS           |                                      |
| NAME                            |                                       | CITY-ST-ZIP              |                                      |
| STREET ADDRESS                  |                                       |                          |                                      |
| CITY-ST-ZIP                     |                                       |                          |                                      |
| DOCUMENT #                      |                                       | STREET ADDRESS           |                                      |
| NAME                            |                                       | CITY-ST-ZIP              |                                      |
| STREET ADDRESS                  |                                       |                          |                                      |
| CITY-ST-ZIP                     |                                       |                          |                                      |

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:   | <b>Jeff Krinsky</b> | <b>4/26/04</b> | <b>305-374-5455</b> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  |                     | Date           | Daytime Phone #     |