

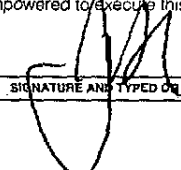


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 11, 2005 08:00 AM
Secretary of State

| | | | | | |
|---|--------------------------------|---|--|--|--|
| DOCUMENT # A97000001193 1. Entity Name KENDALL INVESTMENT ASSOCIATES, LTD. | | | |  | |
| Principal Place of Business 155 S. MIAMI AVE., SUITE PH-2A MIAMI, FL 33130 | | | Mailing Address 155 S. MIAMI AVE., SUITE PH-2A MIAMI, FL 33130 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |  | |
| City & State | | City & State | | 04192005 Chg-LP CR2E003 (10/03) | |
| Zip Country | | Zip Country | | 4. FEI Number 65-0757581 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent KENDALL PANTHER INC. 155 S. MIAMI AVE., SUITE PH-2A MIAMI, FL 33130 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| 9. Capital Contributions as Shown on record. \$1,300,000.00 | | 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 | | | 13. ADDRESS CHANGES ONLY | | |
| DOCUMENT # | P97000046114 | | STREET ADDRESS | | |
| NAME | CYPRESS PANTHER, INC. | | CITY - ST - ZIP | | |
| STREET ADDRESS | 155 S. MIAMI AVE., SUITE PH-2A | | STREET ADDRESS | | |
| CITY - ST - ZIP | MIAMI, FL 33130 | | CITY - ST - ZIP | | |
| DOCUMENT # | | | STREET ADDRESS | | |
| NAME | | | CITY - ST - ZIP | | |
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| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | 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:  Jeff Knisky 4-26-05 305-374-5455 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small> | | | | | |

STAPLE CHECK HERE