PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENTOF STATE LIMITED Katherine Harris **PARTNERSHIP** Secretary of State 00 NOV -1 PM11: 02 REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # A9700000 2/56 Club Kendall, Ltd. 3. Mailing Office Address KABATIF 795/ SW 40 ST: Date Formed or Registered 2. Principal Office Address KABA III 03 Applied For Suite, Apt. #, etc. 65-0786165 Not Applicable 208 \$8.75 Additional Fee required for a Certificate of Status Capital Contributions as shown on Record: 8. Name and Address of Current Registered Agent Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for <u>each year due</u> this office. Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. Penalty Fee(s): \$500 penalty fee for each year report form is gelinquent Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee. State Zip Code 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 agent. I am familiar with, and accept the obligations of section 220.192. Florida Statute: its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section orses SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT/IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUS MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE Registration City, State and Zip Code 10a. Club Kendall, Inc. 9950 SW 88 St Miami FL 33176 600003457176--4 -11/08/05/-010/57-012 ***1955/02_***1955.02 Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 it made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

01ses

10-26-00

Suite, Apt

SIGNATURE _

City