

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

DOCUMENT # A98000000023

1. Entity Name  
KAI PROPERTIES, LTD.



Principal Place of Business  
121 ALHAMBRA PLAZA, PH I, SUITE 1600  
CORAL GABLES, FL 33134

Mailing Address  
121 ALHAMBRA PLAZA, PH I, SUITE 1600  
CORAL GABLES, FL 33134

**FILED**

08 APR 21 PM 3:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01042008 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
65-0804976

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

RENTZ, R. LARRY  
121 ALHAMBRA PLAZA, PH I, SUITE 1600  
CORAL GABLES, FL 33134

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

**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 # P97000108451  
NAME KAI PROPERTIES INVESTORS, INC.  
STREET ADDRESS 121 ALHAMBRA PLAZA, PH I, SUITE 1600  
CITY-ST-ZIP CORAL GABLES, FL 33134

DOCUMENT #  
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CITY-ST-ZIP

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200123960552  
04/18/08--01007--016 \*\*500.00

**DO NOT WRITE  
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: \_\_\_\_\_

*Vermin Gil*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

177-07

Date

305-442-1000

Daytime Phone #

STAPLE CHECK HERE