

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001373**

1. Entity Name  
**KENDALL VILLAGE RESIDENTIAL, LTD.**

FILED

00 MAY 15 PM 4: 20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
2665 SOUTH BAYSHORE DRIVE, SUITE 1200  
COCONUT GROVE FL 33133

Mailing Address  
2665 SOUTH BAYSHORE DRIVE, SUITE 1200  
COCONUT GROVE FL 33133-5462

2. Principal Place of Business  
**13200 SW 128 ST.**  
Suite, Apt. #, etc.  
**F-1**

3. Mailing Address  
**13200 SW 128 ST.**  
Suite, Apt. #, etc.  
**F-1**

City & State  
**Miami Florida**

City & State  
**Miami Florida**

Zip Country  
**33186 Dade**

Zip Country  
**33186 Dade**

4. FEI Number **05-094-2945**  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  
**KENDALL RESIDENTIAL, INC.**  
**13200 S.W. 128TH STREET, SUITE F1**  
**MIAMI FL 33186**

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.

SIGNATURE *[Signature]* **W. P. S.**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$2,784,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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 #	<b>P99000059011</b>
NAME	<b>KENDALL RESIDENTIAL, INC.</b>
STREET ADDRESS	<b>13200 S.W. 128TH STREET, SUITE F1</b>
CITY - ST - ZIP	<b>MIAMI FL 33186</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	<b>000003297320--8</b>
CITY - ST - ZIP	<b>-05/20/00-01054-029</b> <b>****526.25 ****526.25</b>
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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: **KENDALL RESIDENTIAL INC. GEN PART**  
**SIGNATURE REQUIRED**  
**1/28/00**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #