

2000 UNIFORM BUSINESS REPORT (UBR)

11 1999

DOCUMENT # A99000001423

1. Entity Name
KENDALL VILLAGE ASSOCIATES, LTD.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
00 MAR 17 PM 6:28

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: Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

4. FEI Number 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 VILLAGE, INC.
2665 SOUTH BAYSHORE DRIVE, SUITE 1200
COCONUT GROVE FL 33133

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. Capital Contributions as Shown on record: **\$1,000.00**
 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 #	P99000069779
NAME	KENDALL VILLAGE, INC.
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, SUITE 1200
CITY - ST - ZIP	COCONUT GROVE FL 33133
DOCUMENT #	
NAME	<i>BK</i>
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	<i>3/17</i>
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	800003193328-8
CITY - ST - ZIP	-04/03/00-01093-010
STREET ADDRESS	***150.00 ***150.00
CITY - ST - ZIP	
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: _____ **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)