
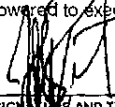


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**FILED**  
**Jun 10, 2005 08:00 AM**  
**Secretary of State**

<p><b>DOCUMENT # A99000001423</b></p> <p>1. Entity Name <b>KENDALL VILLAGE ASSOCIATES, LTD.</b></p>			
<p>Principal Place of Business <b>2665 SOUTH BAYSHORE DRIVE, SUITE 1200 COCONUT GROVE FL 33133</b></p>		<p>Mailing Address <b>2665 SOUTH BAYSHORE DRIVE, SUITE 1200 COCONUT GROVE FL 33133</b></p>	
<p>2. Principal Place of Business Suite, Apt. #, etc.</p>		<p>3. Mailing Address Suite, Apt. #, etc.</p>	
<p>City &amp; State</p>		<p>City &amp; State</p>	
<p>Zip</p>	<p>Country</p>	<p>Zip</p>	<p>Country</p>
<p>6. Name and Address of Current Registered Agent</p> <p><b>KENDALL VILLAGE, INC. 2665 SOUTH BAYSHORE DRIVE, SUITE 1200 COCONUT GROVE FL 33133</b></p>		<p>7. Name and Address of New Registered Agent</p> <p>Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____</p>	
<p>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.</p> <p>SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small></p>		<p>4. FEI Number <b>65-0889488</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/></p> <p>5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required</p>	
<p>9. Capital Contributions as Shown on record. <b>\$1,000.00</b></p>		<p>10. Amount of Capital Contributions in FLORIDA to date _____</p>	
<p><b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b></p>			
<p><b>12. GENERAL PARTNER INFORMATION</b></p>		<p><b>13. ADDRESS CHANGES ONLY</b></p>	
DOCUMENT #	<b>P99000069779</b>	STREET ADDRESS	
NAME	<b>KENDALL VILLAGE, INC.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>2665 SOUTH BAYSHORE DRIVE, SUITE 1200</b>		
CITY-ST-ZIP	<b>COCONUT GROVE FL 33133</b>		
DOCUMENT #		STREET ADDRESS	
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<p><b>U00000365463</b> <b>06/10/05-80011-006 150.00</b></p>			
<p>14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes</p>			
<p><b>SIGNATURE:</b> </p>		<p><b>4/20/05</b></p>	
<p><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small></p>		<p><small>Date Daytime Phone #</small></p>	



1ST MOORE CR2E003 (10/04)

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