


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

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

<b>DOCUMENT # A99000001423</b>			
1. Entity Name <b>KENDALL VILLAGE ASSOCIATES, LTD.</b>			
Principal Place of Business <b>2665 SOUTH BAYSHORE DRIVE, SUITE 1200 COCONUT GROVE FL 33133</b>		Mailing Address <b>2665 SOUTH BAYSHORE DRIVE, SUITE 1200 COCONUT GROVE FL 33133</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1ST MOORE CR2E003 (10/04)

4. FEI Number <b>65-0889488</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>KENDALL VILLAGE, INC. 2665 SOUTH BAYSHORE DRIVE, SUITE 1200 COCONUT GROVE FL 33133</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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

**11. FILE NOW!!! Due by May 1, 2005.**  
**See Block 11 instructions for fee info.**

9. Capital Contributions as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT # <b>P99000069779</b>	<b>KENDALL VILLAGE, INC.</b>	STREET ADDRESS	
NAME	<b>2665 SOUTH BAYSHORE DRIVE, SUITE 1200</b>	CITY- ST- ZIP	
STREET ADDRESS	<b>COCONUT GROVE FL 33133</b>		
CITY- ST- ZIP			
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STREET ADDRESS			
CITY- ST- ZIP			

**U000000365463**  
**06/10/05-80011-006 150.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/20/05**

Date

Daytime Phone #

STAPLE CHECK HERE