

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L01000001063

1. Entity Name

KENDALL I PLAZA GP, LLC



Principal Place of Business

523 MICHIGAN AVENUE
MIAMI BEACH, FL 33139

Mailing Address

523 MICHIGAN AVENUE
MIAMI BEACH, FL 33139

FILED

Apr 25, 2006 08:00 AM

Secretary of State

APR 24 2006

4040



04242006No Chg-LLC

CR2E083 (11/05)

4. FEI Number

91-2098579

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FRYD, JONATHAN
523 MICHIGAN AVENUE
MIAMI BEACH, FL 33139

**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.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/06

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME FRYD, JONATHAN
STREET ADDRESS 523 MICHIGAN AVENUE
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE MGR
NAME RESNICK, JAMES
STREET ADDRESS 1228 ALTON ROAD
CITY-ST-ZIP MIAMI BEACH, FL 33139

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CITY-ST-ZIP

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IN THIS SPACE**

U00000532375

05/06/06-80080-009 50.00

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

JONATHAN FRYD 4/24/06 (305) 673-2948