



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 10, 2005 8:00 am
Secretary of State

04-27-2005 90020 023 ****55.00

| | | | | | |
|---|--|-----|---|---|------------------------------------|
| DOCUMENT # L04000045188 | | | |  | |
| 1. Entity Name KENDALLGATE, LLC | | | | | |
| Principal Place of Business 2665 SOUTH BAYSHORE DRIVE, STE. 1200 COCONUT GROVE FL 33133 | | | Mailing Address 2665 SOUTH BAYSHORE DRIVE, STE. 1200 COCONUT GROVE FL 33133 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number <i>20-2386466</i> | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| BEREKOWITZ, JEFFREY L 2665 SOUTH BAYSHORE DRIVE, STE. 1200 COCONUT GROVE FL 33133 | | | 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when furnishing)</small> | | | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 | | | | | |
| 9. <i>President</i> MANAGING MEMBERS/MANAGERS | | | | | |
| TITLE NAME | Jeffrey L. Berkowitz <input type="checkbox"/> Delete | | 10. ADDITIONS/CHANGES <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| STREET ADDRESS | 2665 S. Bayshore Dr. Ste 1200 | | TITLE NAME | | |
| CITY- ST- ZIP | Coconut Grove, FL 33133 | | STREET ADDRESS | | |
| | | | CITY- ST- ZIP | | |
| TITLE NAME | <input type="checkbox"/> Delete | | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY- ST- ZIP | | | CITY- ST- ZIP | | |
| TITLE NAME | <input type="checkbox"/> Delete | | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY- ST- ZIP | | | CITY- ST- ZIP | | |
| TITLE NAME | <input type="checkbox"/> Delete | | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY- ST- ZIP | | | CITY- ST- ZIP | | |
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| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY- ST- ZIP | | | CITY- ST- ZIP | | |
| 11. 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 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:  | | | Date: <i>6/27/2005</i> | | Daytime Phone: <i>305-854-2800</i> |
| <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |



1st MOORE CR2E083 (10/04)