File on or before May 1, subject to a \$ 400.00 LA	1999 or Limited	l Liability Com	pany will be	•		
LIMITED LIABILITY COMP ANNUAL REPORT 1999	Katherine I Secretary of	RIDA DEPARTMENT OF STATE Katherine Harris Secretary of State		FILED		
				COMMR 29 PH 5: 00		
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE						
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M9700000739				CEORETANY OF STATE		
WENDALL LAVE HOWEDO ILO				1a. Principal Place of Business Address		
KENDALL LAKE TOWERS, LLC 1935 CAMINO VIDA ROBLE CARLSBAD CA 92008-6599				-1935 CAMINO VIDA ROBLE CARLSBAD CA 92008		
2 Principal Place of Business 2a. Mail		ing Address		3. Date Organized	or Qualified	3a. State of Formation
818 W. BROOKS AVE.		818 W. BROOKS AVE.		11/10/19	97	NV
Suite, Apt. #, etc.		e, Apt. #, etc.		4. FEI Number		Applied For
City & State	1 '	City & State NORTH LAS VEGAS, NV		33-07278	65	Not Applicable
NORTH LAS VEGAS, NV Zip Country	Zip	Count		5. Dale of Last Rep	port	6. Certificate of Status Desired
89030 US.			JSA	03/11/19	98	S8 75 Additional Fee Required
7. Name and Address of Current Registered Agent 8. N Name				Name and Address of New Registered Agent/Office		
TALLAHASSEE FL 32301 FILED 2/99. Suite, Apt. #, etc. City City Zip Code FL 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purp its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept as registered agent, and accept the obligations.						ment for the purpose of changing
SIGNATURE						
10. Title Managing Members/Managers		Business Street Address			City,	State and Zip Code
MGRM ASB KENDALL SERVICES,		818 W. BROOKS AVE. 1935 CAMINO VIDA ROBLE 5.			NORTH LAS VEGAS, NV CARLSBAD CA 89030 THORID 2 8 3 1 5 5 - 4 -04/08/9901050025	
					〒1147-11 宋宇末東	8/33**01030**023 188.75 ****188.7\$
					(
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. Hurther certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.						
SIGNATURE: 1 striia M. Mrei 3-22-99/760-839-799						

INHSE10 R (12-98)