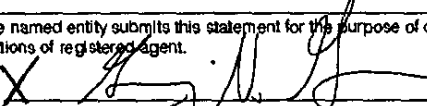
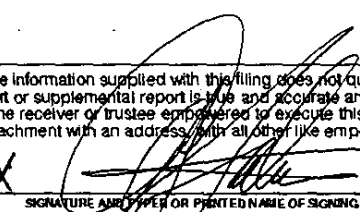


AMENDED,
2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

AMEND
FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

03 JUL 17 AM 10:59

DOCUMENT # P0000080329					
1. Entity Name KENDALL COMMONS, INC.					
Principal Place of Business 2900 N.W. 7TH STREET MIAMI, FL 33125			Mailing Address 2900 N.W. 7TH STREET MIAMI, FL 33125		
2. Principal Place of Business 2901 S.W. 8TH STREET			3. Mailing Address		
Suite, Apt. #, etc. SUITE 204			Suite, Apt. #, etc.		
City & State MIAMI, FL 33135			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent CEASE, MICHAEL S 2900 N.W. 7TH STREET MIAMI, FL 33125				7. Name and Address of New Registered Agent Name JOSE R. BOSCHETTI GARY N. GERSON Street Address (P.O. Box Number is Not Acceptable) 2901 S.W. 8TH STREET, SUITE 204 1645 PALM BEACH LAKES BLVD Suite 1200 City MIAMI WEST PALM BEACH FL Zip Code 33135 33401	
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 7/15/03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when filing.)					
FILE NOW!!! FEES \$150.00 After May 1, 2003 Fee will be \$350.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CEASE, MICHAEL S 2900 N.W. 7TH STREET MIAMI, FL 33125	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ARTHUR FALCONE 2901 S.W. 8TH STREET, SUITE 204 MIAMI, FL 33135	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPAS JOSE R. BOSCHETTI 2901 S.W. 8TH STREET, SUITE 204 MIAMI, FL 33135	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JAN ICKOVIC 2901 S.W. 8TH STREET, SUITE 204 MIAMI, FL 33135	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: 				7/15/03 954-346-9700 Date Daytime Phone #	

CR2E034 (10/02)