


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000003979 1. Entity Name KENNEDY & ASSOCIATES, P.L.	
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Principal Place of Business 1675 PALM BEACH LAKES BLVD SUITE 700 WEST PALM BEACH, FL 33401	Mailing Address 1675 PALM BEACH LAKES BLVD SUITE 700 WEST PALM BEACH, FL 33401
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**DO NOT WRITE IN THIS SPACE**



01032005No Chg-LLC CR2E083 (10/03)

4. FEI Number 03-0394121	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

KENNEDY, P. TODD  
 1675 PALM BEACH LAKES BLVD  
 SUITE 700  
 WEST PALM BEACH, FL 33401

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KENNEDY, TODD P 1675 PALM BEACH LAKES BLVD STE 700 WEST PALM BEACH, FL 33401
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 04/08/05-80061-018 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *T. Kennedy* Date: 4/4/05 Day/One Phone #: 561-683-2484