2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000036445

1. Entity Name

KENDALL GREENS PROPERTY LLC

Principal Place of Business

C/O KELLY MALLON 6255 BIRD ROAD MIAMI, FL 33155 Mailing Address

C/O KELLY MALLON 6255 BIRD ROAD MIAMI, FL 33155

FILED May 01, 2007 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

04252007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 90-0174294

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ATRIUM REGISTERED AGENTS, INC 1500 SAN REMO AVE. STE. 125 CORAL GABLES, FL 33146

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		,		
	named entity submits this statement for the purpose of cha tions of registered agent.	anging its registered office or registered agent, or both, in the	State of Florida. i am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and little if applicable.	(NOTE December 1	DATE	
	Signature, typed or printed there or registered agent and altern applicable.	(NOTE: Registered Agent signature required when reinstating)	UATE	
	iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZULUETA, IGNACIO 6255 BIRD ROAD MIAMI, FL 33155			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•	U00000751528 05/18/07-80106-014 50.0	

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IN THIS SPACE

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: ______

TITLE

NAME
STREET ADDRESS
CITY-S1-ZIP
TITLE
NAME
STREET ADDRESS
CITY-S1-ZIP
TITLE
NAME
STREET ADDRESS
CITY-S1-ZIP
CITY-S1-ZIP
CITY-S1-ZIP

STREET ADDRESS

CITY-ST-ZIP

OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/25/07

Daytime Phone #