

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097187

FILED  
Jul 08, 2006  
Secretary of State

Entity Name: SAMOWITZ & KLEIN NO.2 FOR KENDALL, LLC

**Current Principal Place of Business:**

439 SKYTOP DR  
FAIRFIELD, CT 06825

**New Principal Place of Business:**

439 SKY TOP DR  
FAIRFIELD, CT 06825

**Current Mailing Address:**

439 SKYTOP DR  
FAIRFIELD, CT 06825

**New Mailing Address:**

55 ARMITAGE DR  
BRIDGEPORT, CT 06605

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BLAKE, WALTER R  
1881 UNIVERSITY DR SUITE 100  
CORAL SPRINGS, FL 33071 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MR. ( ) Change (X) Addition  
Name: SAMOWITZ, JACK MEMBER  
Address: 55 ARMITAGE DRIVE  
City-St-Zip: BRIDGEPORT, CT 06605

Title: MR. ( ) Change (X) Addition  
Name: KLEIN, ALEX MEMBER  
Address: 439 SKY TOP DR.  
City-St-Zip: FAIRFIELD, CT 06825

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JACK SAMOWITZ

MR.

07/08/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date