2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

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Entity Name: NAE OF KENDALL, L.L.C.

Current Principal Place of Business:

14040 SW 139TH COURT
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

14040 SW 139TH COURT
MIAMI, FL 33186

New Mailing Address:

FEI Number: 56-2603281 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GONZALEZ, MARIA J
14040 SW 139TH COURT
MIAMI, FL 33186 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: PD ( ) Delete
Name: GONZALEZ, MARIA J
Address: 8025 SW 26 ST
City-St-Zip: MIAMI, FL 33155

Title: PVD ( ) Delete
Name: GONZALEZ, MARIA D
Address: 8025 SW 26 ST
City-St-Zip: MIAMI, FL 33155

Title: DST ( ) Delete
Name: GONZALEZ, JOSE
Address: 8025 SW 26 ST
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES:

Title: PD (X) Change ( ) Addition
Name: GONZALEZ, MARIA J
Address: 14040 SW 139 COURT
City-St-Zip: MIAMI, FL 33186

Title: PVD (X) Change ( ) Addition
Name: GONZALEZ, MARIA D
Address: 14040 SW 139 COURT
City-St-Zip: MIAMI, FL 33186

Title: DST (X) Change ( ) Addition
Name: GONZALEZ, JOSE
Address: 14040 SW 139 COURT
City-St-Zip: MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify 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: MARIA D. GONZALEZ DVP 04/13/2009

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