


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000010559 1. Entity Name KENTON GROUP.COM, LLC	
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Principal Place of Business 4454 FAIRWAY OAKS DR SUITE 400 MULBERRY, FL 33860	Mailing Address 4454 FAIRWAY OAKS DR SUITE 400 MULBERRY, FL 33860
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DO NOT WRITE IN THIS SPACE



01272005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3674890	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MULLINS, RONALD W
4454 FAIRWAY OAKS DR
SUITE 400
MULBERRY, FL 33860

**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 reissuing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MULLINS, RONALD W 4454 FAIRWAY OAKS DR SUITE 400 MULBERRY, FL 33860
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BREWER, RHONDA K 13300 LAKESHORE DR GRAND HAVEN, MI 49417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MULLINS, BRADLEY K W 6670 GREEN WILLOW COURT GREENVILLE, WI 54942
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000229869
02/15/05-80017-009 \$5.00

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IN THIS SPACE**

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: Ronald W Mullins 2/10/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #