, 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

NAME STREET AODRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Apr 11, 2005 08:00 AM Secretary of State DOCUMENT # L01000008795 THE KENSINGTON VENTURES, LLC Principal Place of Business Mailing Address 1881 TRADE CENTER WAY 1881 TRADE CENTER WAY NAPLES, FL 34109 NAPLES, FL 34109 04052005 No Cha-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3724250 Not Applicable \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent LONGO, DINO J DO NOT WRITE 1881 TRADE CENTER WAY NAPLES, FL 34109 _. 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. Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. U00000299494 04/11/05-80110-008 50.00 MGRM TITLE LONGO, DIÑO NAME 1881 TRADE CENTER WAY STREET ADDRESS NAPLES, FL 34109 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE

FILED

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:		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Dale	Daytime Phone #