2007.LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 26, 2007 08:00 AM **DOCUMENT # L01000012056 Secretary of State** 1. Entity Name M.K. KENNEDY & DAUGHTERS, LLC Principal Place of Business Mailing Address 4992TUCUMCARI TRAIL 4992 TUCUMCARI TRAIL SARASOTA, FL 34241 SARASOTA, FL 34241 04182007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1123294 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KENNEDY, MILLICENT DO NOT WRITE 4992 TUCUMCARI TRAIL SARASOTA, FL 34241 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. OTE: Registered Agent signsture required when reinstating Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS MGRM TITLE KENNEDY, MILLICENT NAME STREET ADDRESS 4992 TUCUMCARI TRAIL SARASOTA, FL 34241 CITY-ST-ZIP TITLE U00000734768 05/10/07-80007-002 50.00 STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE STREET ADDRESS

11. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP