

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 05 2007 08:00 AM
Secretary of State

DOCUMENT # L02000003631 1. Entity Name KENMAR GENERAL CONTRACTING, L.L.C.					
Principal Place of Business 700 WINDSOR LANE KEY WEST FL 33040		Mailing Address 1075 DUVAL STREET C21 PMB 150 KEY WEST FL 33040			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 04-3605293	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Applied For		Not Applicable			



1st MOORE CR2E083 (10/06)

6. Name and Address of Current Registered Agent FELDMAN, KOENIG & HIGHSMITH, P.A. 3158 NORTHSIDE DR. KEY WEST FL 33040				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM LYNNE MARINO, VICKI	<input type="checkbox"/> Delete	TITLE	000000655164	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1075 DUVAL ST C21PMB150		STREET ADDRESS	03/13/07-80096-009 50.00	
CITY ST ZIP	KEY WEST FL 33040		CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY ST ZIP			CITY ST ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Vicki Marino, President 2/28/07*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

305 295 8239