


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90153 001 ****50.00

DOCUMENT # L02000006079 1. Entity Name KENNEDY-MATSUMOTO DESIGN, LLC					
Principal Place of Business 825 MARBELLA LANE LANTANA, FL 33462			Mailing Address 825 MARBELLA LANE LANTANA, FL 33462		
2. Principal Place of Business - No P.O. Box # 825 MARBELLA LN. W.			3. Mailing Address Suite, Apt. #, etc.		
City & State LANTANA, FL			City & State		
Zip 33462		Country USA		Zip	
Country USA		Zip		Country	
6. Name and Address of Current Registered Agent MATSUMOTO, SUSAN M 825 MARBELLA ROAD LANTANA, FL 33462				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 825 MARBELLA LN. W. City FL Zip Code	
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 <u><i>Susan Matsumoto</i></u> DATE <u>2/1/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KENNEDY, MELVIN 825 MARBELLA LANE LANTANA, FL 33462	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	825 MARBELLA LN. W.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MATSUMOTO, SUSAN 825 MARBELLA LANE LANTANA, FL 33462	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	825 MARBELLA LN. W.
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
11. I hereby certify that the information supplied with this filing 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: <u><i>Susan Matsumoto</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date: <u>2/1/07</u> 561-547-7115 <small>Daytime Phone #</small>	