


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000007208 1. Entity Name KENJESMAR, LLC	
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Principal Place of Business 517 NORTHLAKE BLVD. NORTH PALM BEACH, FL 33408	Mailing Address 517 NORTHLAKE BLVD. NORTH PALM BEACH, FL 33408
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03072005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0578873	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD.
1500 MIAMI CENTER
MIAMI, FL 33131

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FUQUAY, KENNETH J
STREET ADDRESS	11955 CARNEGIE PLACE
CITY - ST - ZIP	WEST PALM BEACH, FL 33412

TITLE	MGRM
NAME	FUQUAY, MARGARITA R
STREET ADDRESS	11955 CARNEGIE PLACE
CITY - ST - ZIP	WEST PALM BEACH, FL 33412

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Margaritha Fuquay 3/10/05 (S61) 694-1592