FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91002 049 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

30062902

DOCUMENT # L02000010289

1. Entity Name
KENZINGTON LLC

Principal Place of Business	Mailing Address
3 ALBERT RD. RAMSGATE KENT CT11 8DR. ENGLAND,	3 ALBERT RD. RAMSGATE KENT CT11 8DR. ENGLAND,

2. Principal Place of Business	3. Mailing Address
507 NW 2nd St	PO Box 1797
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Delray Beach FL	City & State: Delray Beach FL
Zip: 33444 Country: USA	Zip: 33447 Country:

CHECK HERE IF MAKING CHANGES

4. FEI Number: 98-0370849 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WINELAND, CHRISTINE
218 NE 11TH ST.
DELRAY BEACH, FL 33444

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

FILE NOW!!! FEE IS $60.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	MGR Richard DORSAY 507 NW 2nd Street DELRAY BEACH FL 33444	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	# MGRM ALAN DAVES ~~507 NW 2nd St~~ PO Box 1797 Delray Beach FL 33447	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Alan Daves Apr. 16, 2003 561-330-0551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #