## ~ 2007 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT DOCUMENT # L02000021824** 1. Entity Name WILLIAM KENNEDY MANAGEMENT COMPANY, L.L.C.

**FILED** May 03, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

4121 SOUTH WEST 34TH STREET ORLANDO, FL 32811

4121 SOUTH WEST 34TH STREET ORLANDO, FL 32811



04282007No Chg-LLC

CR2E083 (11/05)

Fee Required

11-3652545		Not Applicable
5. Certificate of Status Desired	П	\$5.00 Additional

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

KENNEDY, WILLIAM P 4121 SOUTH WEST 34TH STREET ORLANDO, FL 32811

DO NOT WRITE IN THIS SPACE

. 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 at the obligations of registered agent.			
SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE	
Filing Fee is \$50.00 Due by May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		S. S	
TITLE MGR			
NAME KENNEDY, WILLIAM P			
STREET ADDRESS 4121 SW 34TH ST		The state of the s	
CITY-ST-ZIP ORLANDO, FL 32811	and the second of the second o	in the state of th	
TITLE			
NAME	The second secon		
STREET ADDRESS	The state of the s	COUNTY (23834-23-45-2)	
CITY-ST-ZIP		/24707-80059-024*50.00°	
TITLE		A STATE OF THE STA	
NAME	36		
STREET ADDRESS CITY-ST-ZIP		T.WRITE	
<del></del>		and the second control of the contro	
TITLE NAME	i in this	S SPACE	
name Street address			
CITY-ST-ZIP			
	*		
TITLE NAME			
name Street address	·		

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 AND TYPED OR PRINTED NAME OF

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

4/**3**0/07

Davtime Phone €