


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000032940 1. Entity Name KENNEDY BUILDING ASSOCIATES, LLC	
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Principal Place of Business 1010 KENNEDY BLVD., 4TH FLOOR KEY WEST, FL 33040	Mailing Address P.O. BOX 5886 KEY WEST, FL 33045
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DO NOT WRITE IN THIS SPACE



04072004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 32-0066392	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 ALLISON, JOHN R III 100 S.E. 2ND ST., STE. 3350 MIAMI, FL 33131
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**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, 2004**

U000000117513
04/19/04-80022-019 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M SINGH, PRITAM 1010 KENNEDY DRIVE, 4TH FLOOR KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M KEPHART, LYNN 414 SINONTON STREET KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M FLYNN, DEBORAH 3401 FLAGLER STREET KEY WEST, FL 33050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HEADRICK, KAREN 1010 KENNEDY DR., 4TH FLOOR KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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)(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:  4-14-04 305-2938065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

KAREN HEADRICK