

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90099 008 \*\*\*\*55.00

DOCUMENT # L03000011701

1. Entity Name

THE KENSINGTON INTERNATIONAL GROUP LLC



Principal Place of Business

1200 NORTH SHORE DRIVE NE  
#215  
ST. PETERSBURG FL 33701  
US

Mailing Address

1200 NORTH SHORE DRIVE NE  
#215  
ST. PETERSBURG FL 33701  
US

2. Principal Place of Business

3. Mailing Address

1365 SNELL ISLE BLVD. NE  
APT. 2E

1365 SNELL ISLE BLVD. NE  
APT. 2E

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

Zip  
33704

Country  
USA

Zip  
33704

Country  
USA



1st MOORE

CR2E083 (10/04)

4. FEI Number

16-1659506

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRIFFITH, WAYNE G  
1200 NORTH SHORE DRIVE NE  
#215  
ST. PETERSBURG FL 33701

Name  
WAYNE G. GRIFFITH

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

1365 SNELL ISLE BLVD. NE  
APT. 2E

City  
ST. PETERSBURG

FL

Zip Code  
33704

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

*Wayne G. Griffith*

WAYNE G. GRIFFITH

2/12/05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
GRIFFITH, WAYNE G MR.  
1200 NORTH SHORE DR NE, #215  
ST. PETERSBURG FL 33701 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Wayne G. Griffith*

WAYNE G. GRIFFITH

2/12/05

727/823-7772

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

Date

Daytime Phone #