


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2007 8:00 am**  
**Secretary of State**

02-13-2007 90058 004 \*\*\*\*50.00

|   |   |
|---|---|
| <b>DOCUMENT # L03000011701</b>                                  |  |
| 1. Entity Name<br><b>THE KENSINGTON INTERNATIONAL GROUP LLC</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>1365 SNELL ISLE BLVD NE<br/>APT 2E<br/>SAINT PETERSBURG FL 33704<br/>US</b> | Mailing Address<br><b>1365 SNELL ISLE BLVD NE<br/>APT 2E<br/>SAINT PETERSBURG FL 33704<br/>US</b> |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br><b>300 BEACH DRIVE N.E.</b> | 3. Mailing Address<br><b>300 BEACH DRIVE N.E.</b> |
| Suite, Apt. #, etc.<br><b>APT. 1102</b>                                       | Suite, Apt. #, etc.<br><b>APT. 1102</b>           |

|   |   |
|---|---|
| City & State<br><b>ST. PETERSBURG, FL</b> | City & State<br><b>ST. PETERSBURG, FL</b> |
| Zip<br><b>33701</b>                       | Country<br><b>USA</b>                     |

**00010611**

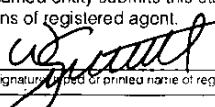
**1st MOORE CR2E083 (10/06)**

|   |  |
|---|--|
| 4. FEI Number<br><b>16-1659506</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><b>GRIFFITH, WAYNE G<br/>1365 SNELL ISLE BLVD NE<br/>APT 2E<br/>SAINT PETERSBURG FL 33704</b> |  |
|--|--|

|  |                             |
|--|-----------------------------|
| 7. Name and Address of New Registered Agent        |                             |
| Name   |                             |
| Street Address (P.O. Box Number is Not Acceptable) | <b>300 BEACH DRIVE N.E.</b> |
|  | <b>APT. 1102</b>            |
| City   | <b>ST. PETERSBURG FL</b>    |
| Zip Code   | <b>33701</b>                |

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** **1/31/07**

Signature of registered agent or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE

|  |
|--|
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2007</b> |
|--|

| 9. MANAGING MEMBERS/MANAGERS                       |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete<br><b>MGR<br/>GRIFFITH, WAYNE G MR.<br/>1200 NORTH SHORE DR NE, #215<br/>ST. PETERSBURG FL 33701</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  |

| 10. ADDITIONS/CHANGES                              |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>300 BEACH DRIVE N.E., APT 1102<br/>ST. PETERSBURG, FL 33701</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **WAYNE G. GRIFFITH** **1/31/07** **727/823-7772**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #