

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

PENDING
03-19-2004 90270 006 ****50.00
L03000023750

DOCUMENT # L03000023750

1. Entity Name

~~KBCN, LLC~~ **KENE DEVELOPERS, LLC**



Principal Place of Business

550 BILTMORE WAY, STE 700
CORAL GABLES FL 33134

Mailing Address

550 BILTMORE WAY, STE 700
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

POLLER, NEALE J
550 BILTMORE WAY, STE 700
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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 NEALE J. POLLER
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 2/4/04

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME POLLER, NEALE J
STREET ADDRESS 550 BILTMORE WAY, STE 700
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE MGRM ☐ Delete
NAME ST CLAIR, KEITH
STREET ADDRESS 808 BRICKELL KEY DR. #601
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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 609, Florida Statutes.

SIGNATURE: NEALE J. POLLER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/4/04 305 529-2931

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 29 PM 2:45

2/04/04



MOORE

CR2E083 (11/03)