

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 13, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000023750

1. Entity Name
KENE PROPERTIES, 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**



07112007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0725605

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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 September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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07/13/07-80004-005 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #