## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000026838

Entity Name: KENKOY, LLC

City-St-Zip:

BLOOMFIELD HILLS, MI 48307

FILED Apr 30, 2007 Secretary of State

| Current Principal Place of Business:        |   |                                  | New Principal Place of Business:            |   |
|---|---|----------------------------------|---|---|
| 140 TONIN                                   | JA COVE   |                                  |   |   |
| 140 TONINA COVE<br>SUITE 100                |   |                                  |   |   |
| MAITLAND                                    | D, FL 32751   |                                  |   |   |
| Current Mailing Address:                    |   |                                  | New Mailing Address:                        |   |
| 140 TONIN<br>MAITALNE                       | NA COVE<br>D, FL 32751                                |                                  |   |   |
| FEI Number:                                 | : 20-0108179  | FEI Number Applied For()         | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )       |
| Name and                                    | Address of (  | Current Registered Agent:        | Name and Address                            | of New Registered Agent:                |
| LLULL, AN<br>2609 ILLIN<br>ORLANDO          |   | US                               |   |   |
|   | named entity<br>e of Florida.                         | submits this statement for the p | ourpose of changing its registere           | ed office or registered agent, or both, |
| SIGNATUR                                    | RE:   |                                  |   |   |
|   | Electro   | nic Signature of Registered Age  | ent   | Date                                    |
| MANAGING MEMBERS/MANAGERS:                  |   |                                  | ADDITIONS/CHANGES:                          |   |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | MGR (<br>LLULL, ANTON<br>2609 ILLINOIS<br>ORLANDO, FL | ST.                              | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                   |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | MGRM (<br>LLULL, CARMI<br>420 BRIDLE P<br>CASSELBERR  | ATH                              | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                   |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | MGRM (<br>LLULL, JOSE<br>420 BRIDLE P<br>CASSELBERR   |                                  | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                   |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | BOUFFARD, J<br>1936 SHERWO                            |                                  | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                   |
| Title:<br>Name:<br>Address:                 | MGRM (<br>BARACEROS,                                  |                                  | Title:<br>Name:<br>Address                  | ( ) Change ( ) Addition                 |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

City-St-Zip:

SIGNATURE: JOSE LLULL T 04/30/2007