

APR -14' 04 (WED) 15:09

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90122 042 ****50.00

DOCUMENT # L03000027680

1. Entity Name
KENDALL 2, LLC



Principal Place of Business
**1390 BRICKELL AVENUE, SUITE 200
MIAMI, FL 33131**

Mailing Address
**1390 BRICKELL AVENUE, SUITE 200
MIAMI, FL 33131**

2. Principal Place of Business
601 Brickell Key Drive

3. Mailing Address
601 Brickell Key Drive

Suite, Apt. #, etc.
Suite 604

Suite, Apt. #, etc.
Suite 604

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33131

Country
US

Zip
33131

Country
US

04082004 Chg-LLC GR2E063 (10/03)

4. FEI Number
42-1601247

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ALVARO CASTILLO B., P.A.
1390 BRICKELL AVENUE, SUITE 200
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 reappointing)

4-27-04

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **DIAZ, GENARO**
STREET ADDRESS **1390 BRICKELL AVENUE, SUITE 200**
CITY-ST-ZIP **MIAMI, FL 33131**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Change ☒ Addition
NAME **Genaro Diaz**
STREET ADDRESS **601 Brickell Key Drive, Suite 604**
CITY-ST-ZIP **Miami, Florida 33131**

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

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

11. I hereby certify that the information supplied with this form 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 605, Florida Statutes.

SIGNATURE:

Genaro Diaz - Manager

4-27-04

(505) 371-5540

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

Date

Daytime Phone #