


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 13 AM 8:15

DOCUMENT # L03000030744	
1. Entity Name NEWEST KENDALL, LLC	

Principal Place of Business 1570 MADRUGA AVE., SUITE 214 CORAL GABLES, FL 33146	Mailing Address 12515 NORTH KENDALL DRIVE 328 MIAMI, FL 33186
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2. Principal Place of Business - No P.O. Box # 14261 SW 120 TH STREET SUITE# 113 MIAMI, FL 33186	3. Mailing Address 14261 SW 120 TH STREET SUITE# 113 MIAMI, FL 33186
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04012008 Chg-LLC CR2E083 (12/06)

4. FEI Number 41-2139819	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HAMILTON, MARIA P ESQ 1570 MADRUGA AVE., STE. 214 CORAL GABLES, FL 33146

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUFER INVESTMENTS, INC. 1570 MADRUGA AVE., STE. 214 CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____	04/10/08 301 5580053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #