🚐 🖄 2004 LIMITED LIABILITY COMPANY

DITY-ST-7/P

Apr 13, 2004 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L03000031886** 04-13-2004 90334 002 ****50.00 KENWOOD COCONUT CREEK, LLC Principal Place of Business Mailing Address 1670 LANDS END ROAD 1670 LANDS END ROAD 24040000 MANALAPAN, FL 33462 MANALAPAN, FL 33462 US 2. Principal Place of Business 3. Mailing Address 855 Worcester Suite, Apt. #. etc. Suite, Apt. #, etc 01272004 Chg-LLC CR2E083 (10/03) Applied For City & State City & State 4. FEI Number renmingham. Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired 701 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **CORPORATION SERVICE COMPANY** Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 City Zip Code FL 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 tatle if applicable. (NOTE: Recistered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGRM Oelete TITI F IIII F Change ■ Addition ARON, ROBERT L NAME NAME STREET ADDRESS 1670 LANDS END ROAD STREET ADDRESS CITY-ST-ZIP MANALAPAN, FL 33462 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z/P CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MALGE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREFT ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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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 608, Florida Statutes.

CITY-ST-ZIP

<u>508-879-7100</u> -08-04 **SIGNATURE:** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE