



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90018 025 ****50.00

DOCUMENT # L03000048660					
1. Entity Name KENNEDY VENTURES, LLC					
Principal Place of Business 400 N. TAMPA STREET, SUITE 2300 C/O DAVID BOGGS TAMPA, FL 33602			Mailing Address 400 N. TAMPA STREET, SUITE 2300 C/O DAVID BOGGS TAMPA, FL 33602		
2. Principal Place of Business 1704 W. Kennedy Blvd. Suite, Apt. #, etc.		3. Mailing Address 1704 W. Kennedy Blvd. Suite, Apt. #, etc.		24034440 	
City & State Tampa, FL		City & State Tampa, FL		4. FEI Number 80-0084964	
Zip 33606		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BOGGS, DAVID M 400 N. TAMPA STREET, SUITE 2300 C/O DAVID BOGGS TAMPA, FL 33602		7. Name and Address of New Registered Agent Name: Anthony S. Italiano Sr. Street Address (P.O. Box Number is Not Acceptable): 1704 W. Kennedy Blvd. City: Tampa FL Zip Code: 33606-1649			
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: <u>Anthony S. Italiano Sr.</u> (Signature, typed or printed name of registered agent and title if applicable.) Anthony S. Italiano Sr. Manager/Chairman DATE: 4/19/04 (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager/Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Anthony S. Italiano Sr. 1704 W. Kennedy Blvd. Tampa, FL 33606-1649	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager/President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Salvatore A. Italiano 1710 W. Kennedy Blvd. Tampa, FL 33606-1649	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <u>Anthony S. Italiano Sr.</u>			Anthony S. Italiano Sr. Manager/Chairman (813) 254-3883		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		