

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90016 045 \*\*\*138.75

**DOCUMENT # L03000048660**

1. Entity Name  
**KENNEDY VENTURES, LLC**



Principal Place of Business

5607 JOHNS RD  
SUITE 1001  
TAMPA, FL 33634

Mailing Address

5607 JOHNS RD  
SUITE 1001  
TAMPA, FL 33634

2. Principal Place of Business - No P.O. Box #

**3413 BEACH DRIVE**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. BOX 1584**

Suite, Apt. #, etc.

City & State

**TAMPA, FL**

City & State

**ELFERS, FL**

Zip

**33629**

Country

Zip

**34680**

Country

01172008

Chg-LLC

CR2E083 (12/06)

4. FEI Number

**80-0084964**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

ITALIANO, ANTHONY S SR  
5607 JOHNS RD, STE. 1001  
TAMPA, FL 33634

7. Name and Address of New Registered Agent

Name

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

**3413 BEACH DRIVE**

City

**TAMPA**

FL

Zip Code

**33629**

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 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**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRC  
ITALIANO, ANTHONY S SR  
5607 JOHNS RD, SUITE 1001  
TAMPA, FL 33634** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRP  
ITALIANO, SALVATORE A  
5607 JOHNS RD, SUITE 1001  
TAMPA, FL 33634** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**3413 BEACH DRIVE  
TAMPA, FL 33629** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**2823 SOUTH MACDILL AVENUE  
TAMPA, FL 33629** ☒ Change ☐ Addition

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

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

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

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

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: Anthony S. Italiano **Anthony S. Italiano Sr.** 4/9/08 813-920-5680

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

Date

Daytime Phone #