


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**  
**COPY**

<b>DOCUMENT # L03000051751</b>	
1. Entity Name JAMES KENCEC, LLC	

Principal Place of Business 2129 N. STATE STREET BUNNELL, FL 32110 US	Mailing Address P.O. BOX 2303 FLAGLER BEACH, FL 32136 US
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**DO NOT WRITE IN THIS SPACE**



04062007No Chg-LLC      CR2E083 (11/05)

4. FEI Number 20-0462645	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

KENCEC, JAMES  
2129 N. STATE STREET  
BUNNELL, FL 32110

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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 \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KENCEC, JAMES 2129 N. STATE STREET BUNNELL, FL 32110
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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 606, Florida Statutes.

**SIGNATURE:** James Kencec      4/14/07      3869311959  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #