

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000053795

1. Entity Name

TIM KENNEDY CO., LLC



Principal Place of Business

212 ACORN DR
TITUSVILLE, FL 32780

Mailing Address

212 ACORN DR
TITUSVILLE, FL 32780



07062006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

56-2420848

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KENNEDY, TIMOTHY B
212 ACORN DR
TITUSVILLE, FL 32780

**DO NOT WRITE
IN THIS SPACE**

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

Tim Kennedy Co LLC (President) Tim Kennedy Co LLC

7-16-06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

**Filing Fee is \$50.00
Due by September 6, 2006**

U000000571456
07/20/06-80010-003 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KENNEDY, TIMOTHY B 212 ACORN DR TITUSVILLE, FL 32780
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IN THIS SPACE**

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:

Timothy B Kennedy Timothy B Kennedy

7-16-06

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

Date

Daytime Phone #

pkf 321-863
5589