
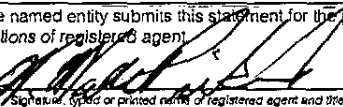
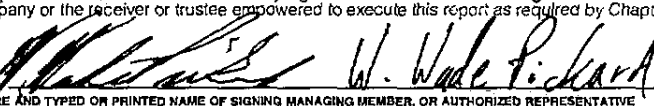


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 29, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000000057</b>		
1. Entity Name PICKARD KENWOOD, LLC		
Principal Place of Business 3218 WALLCRAFT AVENUE TAMPA, FL 33611		Mailing Address 3218 WALLCRAFT AVENUE TAMPA, FL 33611
<b>DO NOT WRITE IN THIS SPACE</b>		
		08252005No Chg-LLC CR2E083 (10/03)
4. FEI Number 75-3141130		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		
PICKARD, W. WADE 3218 WALLCRAFT AVENUE TAMPA, FL 33611		<b>DO NOT WRITE IN THIS SPACE</b>
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:  <small>Signature, typed or printed name of registered agent and title if applicable</small>		8/25/05 DATE
Filing Fee is \$50.00 Due by September 7, 2005		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PICKARD, W. WADE 3218 WALLCRAFT AVENUE TAMPA, FL 33611	<b>DO NOT WRITE IN THIS SPACE</b>
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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)(f), 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 609, Florida Statutes.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		8/25/05 Daytime Phone #