


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90181 012 ****50.00

DOCUMENT # L04000010671	
1. Entity Name JOSEPH KENNEDY HOME BUILDER, LLC	

Principal Place of Business 149 CEDAR ST. ENGLEWOOD, FL 34223	Mailing Address 149 CEDAR ST. ENGLEWOOD, FL 34223
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2. Principal Place of Business 245 VENICE EAST BLVD. Suite, Apt. #, etc.	3. Mailing Address 245 VENICE EAST BLVD. Suite, Apt. #, etc.
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City & State VENICE, FLA.	City & State VENICE, FLA.
Zip 34293	Zip 34293
Country U.S.A.	Country U.S.A.



01182005 Chg-LLC CR2E083 (10/03)

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KENNEDY, JOSEPH 149 CEDAR ST. ENGLEWOOD, FL 34223

7. Name and Address of New Registered Agent
Name JOSEPH KENNEDY
Street Address (P.O. Box Number is Not Acceptable) 245 VENICE EAST BLVD.
City VENICE
State FL
Zip Code 34293

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
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**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		MGR JOSEPH KENNEDY 245 VENICE EAST BLVD. VENICE FLA 34293	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-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: Joseph Kennedy	Date: 3/14/2005	Daytime Phone #: (941) 497-6459
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