2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000018596

1. Entity Name

KENNARD INVESTMENTS V. L.C.



FILED Apr 17, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

3225 SOUTHSIDE BLVD

P.O. BOX 17156

JACKSONVILLE, FL 32245-7156 US

JACKSONVILLE, FL 32216



DO NOT WRITE IN THIS SPACE

01202006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1608787 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

INTREPID REGISTERED AGENT SERVICES, LLC ONE INDEPENDENT DRIVE

SUITE 1200

JACKSONVILLE, FL 32202

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		1			
8. The above the obligat	named entity submits this statement for the purpose of charaltons of registered agent.	ging its registered	follice or registered agent, or both, in the S	State of Florida. I am familiar with, and acco	
SIGNATURE.	Signature, typed or printed name of registered agent and little if applicable	(NOTE Registered	Agent signature required when (einstaing)	DATE	
F	iling Fee is \$50.00 ue by May 1, 2006	7:	U 04/2	00000516248 3/06-80242-008 50.0 0	
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KENNARD, THOMAS O JR 3225 SOUTHSIDE BLVD, 2 JACKSONVILLE, FL 32216	- 		,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NO	DO NOT WRITE IN THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP			IN THIS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TYP) E	(

I hereby certily that the information supplied with this litting does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the informatic 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 it ilmited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME STREET ADDRESS CITY-ST-ZIP

and typed or printed hame of signing managing member, or authorized representative