


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000018596

1. Entity Name
 KENNARD INVESTMENTS V, L.C.



Principal Place of Business 3225 SOUTHSIDE BLVD 2 JACKSONVILLE, FL 32216 US	Mailing Address P.O. BOX 17156 JACKSONVILLE, FL 32245-7156 US
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01242007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1608787	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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


9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KENNARD, THOMAS O JR 3225 SOUTHSIDE BLVD, 2 JACKSONVILLE, FL 32216
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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 608, Florida Statutes.

SIGNATURE:  DATE: 3-16-07 DAYTIME PHONE #: 904-642-9003

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