

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000018598

FILED  
Apr 22, 2008  
Secretary of State

Entity Name: KENNARD INVESTMENTS VI, L.C.

**Current Principal Place of Business:**

3225 SOUTHSIDE BLVD  
2  
JACKSONVILLE, FL 32216 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 17156  
JACKSONVILLE, FL 322457156 US

**New Mailing Address:**

FEI Number: 20-1608859      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

INTREPID REGISTERED AGENT SERVICES, LLC  
ONE INDEPENDENT DRIVE  
SUITE 1200  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KENNARD, THOMAS O JR  
Address: 3225 SOUTHSIDE BLVD, 2  
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: PMGR (X) Change ( ) Addition  
Name: JENNISON, ELIZABETH K  
Address: 3225 SOUTHSIDE BLVD, 2  
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: ST ( ) Change (X) Addition  
Name: JENNISON, CAROLINE K  
Address: 3225 SOUTHSIDE BLVD, 2  
City-St-Zip: JACKSONVILLE, FL 32216 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ELIZABETH K. JENNISON

PMGR

04/22/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date