

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000045562

FILED
Apr 30, 2009
Secretary of State

Entity Name: KENDALL LAND DEVELOPMENT, LLC

Current Principal Place of Business:

1200 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

1200 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-1390755

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GAMBIN, FRANCISCO A
1200 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

ALEJANDRO VILARELLO, P.A.
14160 PALMETTO FRONTAGE ROAD
21
MIAMI LAKES, FL 33016 US

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: ALEJANDRO VILARELLO

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CAPARROS, MARTIN JR
Address: 14160 PALMETTO FRONTAGE ROAD
City-St-Zip: MIAMI LAKES, FL 33016

Title: MGR () Delete
Name: BOSCHETTI, JOSE R
Address: 1200 PONCE DE LEON BOULEVARD
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CAPARROS, MARTIN JR
Address: 14160 PALMETTO FRONTAGE ROAD, SUITE 21
City-St-Zip: MIAMI LAKES, FL 33016

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARTIN CAPARROS

MGR

04/30/2009

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