## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # L04000051934** 

1. Entity Name

KENILWORTH AVE., LLC

Principal Place of Business

Mailing Address

266 B N. YONGE STREET ORMOND BEACH, FL. 32174 U. 266 B N. YONGE STREET ORMOND BEACH, FL 32174

FILED Feb 27, 2008 08:00 AN Secretary of State



01152008 No Chg-LLC

CR2E083 (12/07)

f. FEI Number	Applied For
47-0943016	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

6. Name and Address of Current Registered Agent

KIMBLE, JACK H 266 B N. YONGE STREET ORMOND BEACH, FL 32174

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the obligati	ions of registered agent.	
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating) DATE
	NOW!!! FEE IS \$138.75 7 1, 2008 Fee will be \$538.75	
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIMBLE, JACK H 266 B N. YONGE STREET ORMOND BEACH, FL 32174	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIMBLE, SARANNE E 266 B N. YONGE STREET ORMOND BEACH, FL 32174	000000841460 03/10/08-80019-005 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby indicated fimited fia	certify that the information supplied with this filing does not on this report is true and accurate and that my signature s billity company or the receiver or trustee empowered to exe	qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information hall have the same legal effect as if made under oath; that I am a managing member or manager of the cute this report as required by Chapter 608, Florida Statutes.

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