

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059554

Entity Name: KENNCHAP, L.L.C.

FILED  
Feb 11, 2005  
Secretary of State

**Current Principal Place of Business:**

3613 WICKERSHAM LANE  
HOUSTON, TX 77027

**New Principal Place of Business:**

**Current Mailing Address:**

3613 WICKERSHAM LANE  
HOUSTON, TX 77027

**New Mailing Address:**

FEI Number: 20-1486226

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HELMICH, KEVIN M  
4481 LEGENDARY DRIVE, SUITE 200  
DESTIN, FL 32541 US

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

HELMICH, KEVIN M ESQ.  
4481 LEGENDARY DRIVE  
SUITE 200  
DESTIN, FL 32541 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: KEVIN M. HELMICH

02/11/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: KING, GINGER  
Address: 3618 WICKERSHAM LANE  
City-St-Zip: HOUSTON, TX 77027

Title: MGR ( ) Delete  
Name: PAINE, PATSY  
Address: 3613 WICKERSHAM LANE  
City-St-Zip: HOUSTON, TX 77027

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: KING, GINGER  
Address: 3613 WICKERSHAM LANE  
City-St-Zip: HOUSTON, TX 77027

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PATSY PAINE

MGR

02/11/2005

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