

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060873

FILED
Jul 01, 2005
Secretary of State

Entity Name: FMG KENDALL, LLC

Current Principal Place of Business:

5429 NW 108TH WAY
CORAL SPRINGS, FL 33076 US

New Principal Place of Business:

12514 W. ATLANTIC BLVD
CORAL SPRINGS, FL 33071 US

Current Mailing Address:

5429 NW 108TH WAY
CORAL SPRINGS, FL 33076 US

New Mailing Address:

12514 W. ATLANTIC BLVD
CORAL SPRINGS, FL 33071 US

FEI Number: 34-2022230 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

POLLACK & BLOOM, LLC
11555 HERON BAY BLVD.
SUITE 200
CORAL SPRINGS, FL 33076 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GUTTENBERG, FRED
Address: 5429 NW 108TH WAY
City-St-Zip: CORAL SPRINGS, FL 33076 US

Title: MGR () Delete
Name: BALL, SCOTT
Address: 5006 NW 124TH WAY
City-St-Zip: CORAL SPRINGS, FL 33076 US

ADDITIONS/CHANGES:

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

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: SCOTT BALL

MGR

07/01/2005

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