

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 8:00 am**  
**Secretary of State**

01-20-2006 90047 050 \*\*\*\*50.00

**DOCUMENT # L04000084997**

1. Entity Name  
**KENILWORTH ROAD, LLC**



Principal Place of Business  
**C/O PRESSLY & PRESSLY, P.A.  
222 LAKEVIEW AVENUE, SUITE 910  
WEST PALM BEACH, FL 33401**

Mailing Address  
**C/O PRESSLY & PRESSLY, P.A.  
222 LAKEVIEW AVENUE, SUITE 910  
WEST PALM BEACH, FL 33401**

400000001



01052006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2000772**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**PRESSLY, JAMES G JR  
PRESSLY & PRESSLY, P.A.  
222 LAKEVIEW AVENUE, SUITE 910  
WEST PALM BEACH, FL 33401**

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IN THIS SPACE**

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 the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
SIEGEL, JOAN TRUSTEE  
150 BRADLEY PLACE, UNIT 105  
PALM BEACH, FL 33480**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
SIEGEL, JOAN TRUSTEE  
150 BRADLEY PLACE, UNIT 105  
PALM BEACH, FL 33480**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
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TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** *X Joan Siegel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #