



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000084997 1. Entity Name KENILWORTH ROAD, LLC	
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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
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DO NOT WRITE IN THIS SPACE



01102007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2000772	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

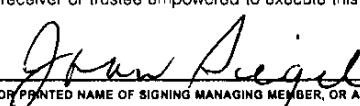
**Filing Fee is \$50.00
Due by May 1, 2007**

**000000593500
01/22/07-80034-009 50.00**

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
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**DO NOT WRITE
IN THIS SPACE**

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:  **561-659-4040**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #