


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90796 033 ****50.00

DOCUMENT # L04000090927 1. Entity Name KENMAR, LLC					
Principal Place of Business 5392 GULF DRIVE HOLMES BEACH, FL 34217			Mailing Address 5392 GULF DRIVE HOLMES BEACH, FL 34217		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address PO Box 13441 Suite, Apt. #, etc.			
City & State		City & State ANNA MARIA, FLA		4. FEI Number 20-2025444	
Zip 34217	Country	Zip 34217	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HARRISON, CHARLES R ESQ. 1413 TROVILLION AVENUE WINTER PARK, FL				7. Name and Address of New Registered Agent Name MARK KIMBALL Street Address (P.O. Box Number is Not Acceptable) 5392 GULF DR. City HOLMES BEACH FL Zip Code 34217	
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 <u><i>Mark Kimball</i></u> 3-16-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>Mark Kimball</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>3-16-05</u> Daytime Phone #	

20023468



02112005 Chg-LLC CR2E083 (10/03)

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name **MARK KIMBALL**
Street Address (P.O. Box Number is Not Acceptable)
5392 GULF DR.

City **HOLMES BEACH** **FL** Zip Code **34217**

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SIGNATURE *Mark Kimball* 3-16-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
**MARK KIMBALL
5392 GULF DR.
HOLMES BEACH, FL 34217**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
**MGM
KEN BROWN
1323 21ST ST. WEST
BRANDENTON, FL 34205**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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SIGNATURE: *Mark Kimball*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 3-16-05 Daytime Phone #