

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000005694

FILED
May 18, 2008
Secretary of State

Entity Name: KENCOOL PROPERTIES, LLC

Current Principal Place of Business:

47 BUCKSKIN LANE
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

47 BUCKSKIN LANE
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 55-0895023 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:

GAMBERT, WILLIAM N
629 N PENINSULA AVENUE
DAYTONA BEACH, FL 32118 US

Name and Address of New Registered Agent:

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: MGRM () Delete
Name: COOLIDGE, MICHAEL C
Address: 47 BUCKSKIN LANE
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM () Delete
Name: COOLIDGE, SARA S
Address: 47 BUCKSKIN LANE
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM () Delete
Name: COOLIDGE, PHILLIP D
Address: 47 BUCKSKIN LANE
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM () Delete
Name: KENT, SCOTT D
Address: 940 SHERIDAN RD., APT #402
City-St-Zip: CHICAGO, IL 60613

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: COOLIDGE, PHILLIP D
Address: 1769 W. OLIVE AVE.
City-St-Zip: CHICAGO, IL 60660

Title: MGRM (X) Change () Addition
Name: KENT, SCOTT D
Address: 1769 W. OLIVE AVE.
City-St-Zip: CHICAGO, IL 60660

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SARA COOLIDGE

MGRM

05/18/2008

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