## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L05000013371

KENNEY INVESTMENTS, LLC



**FILED** Jan 11, 2007 08:00 AM Secretary of State

Principal Place of Business

1215 SPRUCE AVE... ORLANDO, FL 32824 Mailing Address

1215 SPRUCE AVE.. ORLANDO, FL 32824



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01052007 No Chg-LLC	CR2E083 (11/05)	
4. FEI Number	Applied For	
84-1670182	Not Applicable	

5. Certificate of Status Desired

\$5.00 Additional Fee Required

KENNEY, BARBARA A

1215 SPRUCE AVE.. ORLANDO, FL 32824

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of changings of registered agent.	nging its registered office or registered agent, or both, in the State of Florida. It am familiar with, and	accept
SIGNATURE.	Signature, typed or printed name of registered agent and bile if applicable.	(NOTE Registered Agent signature required when reinstating) DATE	
F	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CATY-ST-ZIP	MGR KENNEY, BARBARA A 1215 SPRUCE AVE ORLANDO, FL 32824		U00000583915 01/12/07-80014-021 55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		U00000583915 01/12/07-80014-021 55.00	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		DO NOT WRITE	
TITLE HAME STREET ADDRESS CITY-SI-ZIP		IN THIS SPACE	
TITLE MAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

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 eath, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE