

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029769

Entity Name: KENNEDY RIVERA, LLC

FILED  
Apr 10, 2009  
Secretary of State

**Current Principal Place of Business:**

10069 LA REINA RD  
DELRAY BEACH, FL 33446

**New Principal Place of Business:**

**Current Mailing Address:**

10069 LA REINA RD  
DELRAY BEACH, FL 33446

**New Mailing Address:**

FEI Number: 14-1925902

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KENNEDY, PATRICK  
3421 N.W. 26TH COURT  
BOCA RATON, FL 33434 US

**Name and Address of New Registered Agent:**

KENNEDY, PATRICK J  
3421 N.W. 26TH COURT  
BOCA RATON, FL 33434 US

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: PATRICK J. KENNEDY

04/10/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KENNEDY, PATRICK  
Address: 3421 N.W. 26TH COURT  
City-St-Zip: BOCA RATON, FL 33434 US

Title: MGRM ( ) Delete  
Name: RIVERA, ALEX  
Address: 3421 N.W. 26TH COURT  
City-St-Zip: BOCA RATON, FL 33434 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: KENNEDY, PATRICK J  
Address: 3421 N.W. 26TH COURT  
City-St-Zip: BOCA RATON, FL 33434 US

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

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: PATRICK J. KENNEDY

MGRM

04/10/2009

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