## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) DOCUMENT # L05000035949

## FILED Jul 05, 2006 8:00 am Secretary of State

| 1. Enjily Name   | <b>~~</b> 3  |   | 05-11-2006 90020 007 ****50.00   |  |
|--|--|---|--|--|
| KENMAX LLC   |  |   | <b>)</b>   |  |
|  |  |   |  |  |
| Principal Place of Business  | Mailing Address  |   | <b></b>  |  |
| 5927 NW 52ND STREET<br>CORAL SPRINGS FL 33067  | 5927 NW 52ND STREET<br>CORAL SPRINGS FL 330                          |   |  |  |
| CONTRACT CONTRACT  | 001012 57 111105 1 2 500   | ,••   |  |  |
| Principal Place of Business  | 3. Mailing Address   |   |  |  |
|  |  |   |  |  |
| Suite, Apt, #, etc.  | Suite, Apt. #. etc.  |   | 1st MOORE CR2E083 (10/05)  |  |
| City & State   | City & State   |   | 4. FEI Number Applied Fo 36 - 45 7 3580 Not Applie   |  |
| Zip Country  | Zip  | Country   | 5. Certificate of Status Desired 55.00 Additional Fee Required                                     |  |
| 6. Name and Address of Curren  | t Registered Agent   |   | 7. Name and Address of New Registered Agent  |  |
|  |  | Name  |  |  |
| MCLYMONT, KENNETH 5927 NW 52ND STREET CORAL SPRINGS.FL 33067   |  | Street Address  | Street Address (P.O. Box Number is Not Acceptable)   |  |
| CORAL SPRINGS-FL 33067   |  |   |  |  |
|  | •  | City  | FL Zip Code  |  |
| The above named entity submits this statement the obligations of registered agent.                   | for the purpose of changing its re                                   | gistered office or registe                            | ered agent, or both, in the State of Florida. I am familiar with, and acc                          |  |
| SIGNATURE  |  |   |  |  |
| Signature, types or printed name of represent ager   | ~- <del>                                     </del>                  | Registered Agent signature require                    |  |  |
|  | •  | W!!! FEE IS \$50.00                                   |  |  |
|  | Make Check Payable Due   | ito Florida Departmi<br>By May 1, 2006                | ent of State   |  |
| 9. MANAGING MEME   | <u> </u>   | 10.   | ADDITIONS/CHANGES  |  |
| TIFLE MGR  | ☐ Delete   | TITLE   | ☐ Change ☐ Adi   |  |
| MCLYMONT, KENNETH STREET ADDRESS 5927 NW 52ND STREET   |  | STREET ADDRESS  |  |  |
| CITY-SI-7P CORAL SPRINGS FL 33067  |  | CITY-ST-ZIP   |  |  |
| TITLE MGR  | ☐ Delete   | INCE  | ☐ Change ☐ Adv   |  |
| NAME MCLYMONT, MAXINE STREET ADDRESS 5927 NW 52ND STREET   |  | NAME<br>STREET ADDRESS                                |  |  |
| CITY-ST-ZP CORAL SPRINGS FL 33067  |  | CITY-ST-DP  |  |  |
| TITLE  | ☐ Delete   | TILE  | ☐ Change ☐ Adv   |  |
| NAME<br>STREET ADDRESS   |  | NAME<br>STREET ADDRESS                                |  |  |
| CITY-ST-20P  |  | CITY-ST-ZIP   |  |  |
| ntle   | Delete   | THILE   | Crange Ado   |  |
| NAME<br>STREET ADDRESS   |  | NAME  |  |  |
| CITY-ST-7IP  |  | STREET ADORESS<br>CITY-ST-ZIP                         |  |  |
| nite   | ☐ Delete   | HTLE  | ☐ Change ☐ Ade   |  |
| NAME<br>STREET ADDRESS   |  | NAME<br>SIREET ADDRESS                                |  |  |
| CITY-ST-ZIP  |  | CITY-ST-ZIP   |  |  |
| TITLE  | □ Delete   | TITLE   | ☐ Change ☐ Adi   |  |
| NAME OFFICE  |  | NAME<br>CYREET LONGERS                                |  |  |
| STREET ADDRESS CITY-ST-ZIP   |  | STREET ADDRESS<br>CITY+ST-ZIP                         |  |  |
| 11. Thereby certify that the information supplied v  | vith this filing does not qualify for                                | r the exemptions contain                              | ned in Section 119. Florida Statutes, I further certify that the informati                         |  |
| indicated on this report is true and accurate a<br>limited liability company or the receiver or trus | and that my signature shall have<br>stee empowered to execute this r | the same legal effect as<br>report as required by Chi | s it made under oath; that I am a managing member or manager of t<br>lapter 608, Florida Statutes. |  |
|  |  |   | -1-1-1   |  |
| SIGNATURE:   | OF SIGNING MANAGING MEMBER, MANA                                     | AGER, OR AUTHORIZED REPRE                             | 5/3/00 SENTATIVE Lium Displane Phone *   |  |