

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000037565**

1. Entity Name  
**KINARD INVESTMENTS, LLC**



Principal Place of Business  
**5367 ORTEGA BLVD., SUITE 100  
JACKSONVILLE, FL 32210**

Mailing Address  
**POB 110, ORTEGA STATION  
JACKSONVILLE, FL 32210**

**DO NOT WRITE IN THIS SPACE**



03132007No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**20-3546416**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**STUTSMAN & THAMES, P.A.  
121 WEST FORSYTH STREET, SUITE 600  
JACKSONVILLE, FL 32202**

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IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BOYD, WILLIAM  
5367 ORTEGA BLVD, STE 100  
JACKSONVILLE, FL 32210**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
WEYER, JOHN  
4168 OXFORD AVE  
JACKSONVILLE, FL 32210**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
GREENE, MATTHEW  
9570 KUHN RD  
JACKSONVILLE, FL 32257**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MOBLEY, DAVID  
4853 LONG BOW RD  
JACKSONVILLE, FL 32210**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
TRIGLIA, ROBERT  
8241 SHADY GROVE RD  
JACKSONVILLE, FL 32256**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
WEISE, MICHAEL  
4644 PRINCE EDWARD RD  
JACKSONVILLE, FL 32210**

U00000678641  
04/03/07-80007-007 50.00

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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 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:**

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

Date

Daytime Phone #