## **2007 LIMITED LIABILITY COMPANY**

## **FILED ANNUAL REPORT** Jul 12, 2007 08:00 AM DOCUMENT # L05000044997 **Secretary of State** 1. Entity Name KENNETH A. NELSON LLC Principal Place of Business Mailing Address 700 OCEAN ROYALE WAY, SUITE 702 700 OCEAN ROYALE WAY, SUITE 702 JUNO BEACH, FL 33408 JUNO BEACH, FL 33408 07072007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number NOT APPLICABLE Applied For Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NELSON, TIMOTHY J DO NOT WRITE 620 LAVERS CIRCLE, STE. 226 DELRAY BEACH, FL 33444 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 profest name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE Filing Fee is \$50,00 Due by September 14, 2007 U00000768437 MANAGING MEMBERS/MANAGERS 9. MGR TITLE NAME NELSON, KENNETH A STREET ADDRESS 700 OCEAN ROYALE WAY, SUITE 702 JUNO BEACH, FL 33408 CITY-ST-ZIP TITLE NAME STREET ADDRESS CRY-\$T-ZIP TEDE NAME STREET ADDRESS DO NOT WRITE CRY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filling 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 spot 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 of this effect is report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP TELE

STREET ADDRESS CRY-ST-ZIP TITLE NAME STREET ADDRESS CRY-ST-ZIP