


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

01-12-2006 90037 035 ****50.00

DOCUMENT # L05000046016					
1. Entity Name GRAND KENWOOD, LLC					
Principal Place of Business 944 4TH STREET N 800 SAINT PETERSBURG, FL 33701			Mailing Address 944 4TH STREET N 800 SAINT PETERSBURG, FL 33701		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-2831834	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PAVONETTI, NICHOLAS M 944 4TH STREET N. 800 SAINT PETERSBURG, FL 33701				7. Name and Address of New Registered Agent Name Felix Fudge Street Address (P.O. Box Number is Not Acceptable) 944 4th Street N. Suite 800 City S + Petersburg FL Zip Code 33701	
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 F.D. Fudge F D Fudge 1/6/06 I, Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when renewing.)					
Filing Fee is \$90.00 Due by May 1, 2006			Managing Member Grand Kenwood, LLC State check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS					
TITLE	MGRM: PAVONETTI, NICHOLAS M <input checked="" type="checkbox"/> Delete				
NAME	PAVONETTI, NICHOLAS M				
STREET ADDRESS	944 4TH STREET N., STE. 800				
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
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CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
10. ADDITIONS/CHANGES					
TITLE	Managing Member <input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	Felix Fudge				
STREET ADDRESS	944 4th Street N.				
CITY-ST-ZIP	Suite 800				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	S + Petersburg, FL 33701				
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 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: F.D. Fudge F D Fudge 1/6/06 727-894-1717 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

Managing Member
6 K, LLC



ATTACHMENT
30000206

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2006

GRAND KENWOOD, LLC
944 4TH STREET N
800
SAINT PETERSBURG, FL 33701

Subject: **GRAND KENWOOD, LLC**

Reference Number: **L05000046016**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JD

ANNUAL REPORTS SECTION