
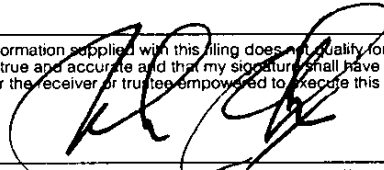


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90077 010 \*\*\*\*50.00

<b>DOCUMENT # L05000054045</b>					
1. Entity Name KENILWORTH ESTATES LLC					
Principal Place of Business 7015 PROFESSIONAL PARKWAY EAST SARASOTA, FL 34240			Mailing Address 46 N. WASHINGTON BLVD., #1 SARASOTA, FL 34236		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03282006 Chg-LLC CR2E083 (11/05)	
Zip		Country		4. FEI Number 20-3424080	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LPS CORPORATE SERVICES, INC. 46 N. WASHINGTON BLVD., #1 SARASOTA, FL 34236			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	MGRM, P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COX, JOHN J	NAME			
STREET ADDRESS	7015 PROFESSIONAL PARKWAY EAST	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34240	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	MGRM, V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COX, JOHN J III	NAME			
STREET ADDRESS	7015 PROFESSIONAL PARKWAY EAST	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34240	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	S, T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	SAMPSON, VANESSA		
STREET ADDRESS		STREET ADDRESS	7015 PROFESSIONAL PARKWAY EAST		
CITY-ST-ZIP		CITY-ST-ZIP	SARASOTA, FL 34240		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: 			(941) 907-9099		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #
JOHN J. COX, President					