

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Mar 23, 2007 08:00 A
Secretary of State**

DOCUMENT # L05000054045

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



02212007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3424080

Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LPS CORPORATE SERVICES, INC.
46 N. WASHINGTON BLVD., #1
SARASOTA, FL 34236

**DO NOT WRITE
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

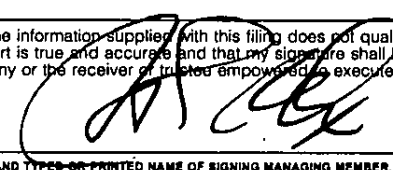
9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	COX, JOHN J
STREET ADDRESS	7015 PROFESSIONAL PARKWAY EAST
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	MGRM
NAME	COX, JOHN J III
STREET ADDRESS	7015 PROFESSIONAL PARKWAY EAST
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	ST
NAME	SAMPSON, VANESSA
STREET ADDRESS	7015 PROFESSIONAL PKWY EAST
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	P
NAME	COX, JOHN J
STREET ADDRESS	7015 PROFESSIONAL PKWY EAST
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	V
NAME	COX, JOHN J III
STREET ADDRESS	7015 PROFESSIONAL PKWY EAST
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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03/30/07-80052-007 50.00

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

3-14-07 941-907-9099
Date Daytime Phone #

John J. Cox, President and MGRM