

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L05000054045 1. Entity Name KENILWORTH ESTATES LLC	
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Principal Place of Business 7015 PROFESSIONAL PARKWAY EAST SARASOTA, FL 34240	Mailing Address 46 N. WASHINGTON BLVD., #1 SARASOTA, FL 34236
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DO NOT WRITE IN THIS SPACE



02212007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3424080	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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

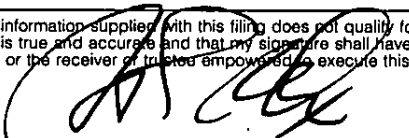
9. MANAGING MEMBERS/MANAGERS

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

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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:  **3-14-07** **941-907-9099**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

John J. Cox, President and MGRM