

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

<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
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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"/>	<b>\$5.00</b> 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**

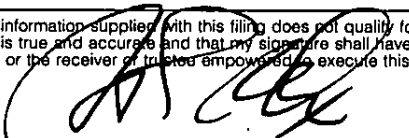
9. MANAGING MEMBERS/MANAGERS

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**

U00000676253  
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