2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000065283

FILED
Mar 20, 2009
Secretary of State

Entity Name: KENNETH CITY MORTGAGE & REALTY, LLC

Current Principal Place of Business:

7194 KEY HAVEN RD.
602
SEMINOLE, FL 33777

New Principal Place of Business:

7194 KEY HAVEN RD.
602 C
SEMINOLE, FL 33777

Current Mailing Address:

7194 KEY HAVEN RD.
602
SEMINOLE, FL 33777

New Mailing Address:

7194 KEY HAVEN RD.
602 C
SEMINOLE, FL 33777

FEI Number: 20-3096809   **FEI Number Applied For ( )**   **FEI Number Not Applicable ( )**   **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRASER, CHARLES
20040 GULF BLVD.
602
INDIAN SHORES, FL 33785 US

Name and Address of New Registered Agent:

FRASER, CHARLES
7194 KEY HAVEN RD.
602 C
SEMINOLE, FL 33777 US

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.

SIGNATURE: _____   03/20/2009 _____

    Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM ( ) Delete
Name:	FRASER, CHARLES
Address:	20040 GULF BLVD. #602
City-St-Zip:	INDIAN SHORES, FL 33785

Title:	MGRM ( ) Delete
Name:	KRUG, STEWART L
Address:	4738 PEBBLE BROOK DRIVE
City-St-Zip:	OLDSMAR, FL 34677

ADDITIONS/CHANGES:

Title:	MGRM (X) Change ( ) Addition
Name:	FRASER, CHARLES
Address:	7194 KEY HAVEN RD. #602 C
City-St-Zip:	SEMINOLE, FL 33777

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHARLES FRASER   MGR   03/20/2009
_____
  Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date