


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 13, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90054 047 \*\*\*\*50.00

<b>DOCUMENT # L05000099666</b>					
1. Entity Name <b>KENNARD &amp; COMPANY, LLC</b>					
Principal Place of Business <b>12 SOUNDPOINT PLACE AMELIA ISLAND, FL 32034</b>			Mailing Address <b>12 SOUNDPOINT PLACE AMELIA ISLAND, FL 32034</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-1261204</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>KENNARD, AINSLEY W 611 LAVERS CIR., APT. 394 DEL RAY BEACH, FL 33444</b>				7. Name and Address of New Registered Agent	
				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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

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 <b>(MEM)</b>	NAME <b>Stephen P. Kennard (President)</b>	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>12 Soundpoint Place</b>			STREET ADDRESS		
CITY-ST-ZIP <b>Amelia Island, FL 32034</b>			CITY-ST-ZIP		
TITLE <b>(MEM)</b>	NAME <b>Anne T. Conrad (Vice-President)</b>	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>3017 Riverside Dr.</b>			STREET ADDRESS		
CITY-ST-ZIP <b>Fernandina Beach, FL 32034</b>			CITY-ST-ZIP		
TITLE <b>Member (Secretary)</b>	NAME <b>Courtney Kennard</b>	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>3882 Jewell St. Apt. G-303</b>			STREET ADDRESS		
CITY-ST-ZIP <b>San Diego, CA 92109</b>			CITY-ST-ZIP		
TITLE <b>Member (Treasurer)</b>	NAME <b>Ainsley Kennard</b>	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1011 Lavers Circle #394</b>			STREET ADDRESS		
CITY-ST-ZIP <b>Del Ray Beach, FL 32034</b>			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

*Stephen P. Kennard, Managing Member*