## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## **FILED** Feb 22, 2007 08:00 A

DOCUMENT # L05000116311 1. Entity Name KENNEDY CTR. 405-407, LLC					Secretary of Stat				
	ce of Businoss NEDY DRIVE, SUTIE 401 FL 33040	Mailing Address  1010 KENNEDY DRIVE, SUTIE 401 KEY WEST FL 33040							
2. Principal F	Place of Business - No PO Box #	3. Mailing Address	3. Mailing Address				(, , , , , , , , , , , , , , , , , , ,	1010 00000 7700 7100 10	
Suite, Apt	·	Suito, Apt. #, etc.		<u> </u>	1st MOORE	CR2E08	83 (10/06)		
City & State		City & Stato		·	4. FEI Nur	<sup>nber</sup> 59-2109	1024	harafaria	plied For at Applicable
Zip Country		Zip	Count	ry	5, Certifica	ate of Status Desir	ed []	\$5.00 Add Fee Required	
BO	6. Name and Address of Current HATCH, JOHN S			Namo		ind Address of No		d Agent	
730 SOI	01 SW 57 COURT, SUITE 56 UTH MIAMI FL 33143	0	Sir		P.O BOX NUI	TIDEL IS NOT ACCED		~~~~~	
				City	<del></del>	····	F	<del></del> }	
<ol><li>The above the obligat</li></ol>	named entity submits this statement for tions of registered agent	or the purpose of changing its	s registered	d office or register	ed agent, or :	both, in the State o	of Florida I ar	n familiar with,	and accept
SIGNATURE	Signature, typed or printed name or registored agent	TON) sideologic in allit one	E. Pagistared	Agent signature required	when remstating)		DATE	<del></del>	
		Make Check Payab			nt of State				
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIC	NS/CHANGE	is .	
NAME SIRICE ADDRESS CHY-SI-MP	MGRM FLYNN, DEBRA S TRUSTEE 1010 KENNEDY DRIVE, SUTIE 40 KEY WEST FL 33040	☐ Deloic	THE NAME STREET CHY-5	I ADDRESS 51-21P		U00000 03/02/07	)643683 -80012-0	□ Change 010 50.00	☐ Addition
HTTL NAME STREET ADDRESS CHY-SE-ZIP		☐ Delete	HHE NAME STREET CHY-S	FADDRESS SE-ZIP				☐ Change	Addition
MILL NAME STRICT ADDRESS CRY-SE-7IP		□ Doleta	STRE NAME STREET CRY-S	I ADDRESS SI-ZIP				Change	☐ Addition
THE NAME SIREL'I ADDRESS CHY-SI-ZIP		□ Derote	Chy-s Name Name The c	I ADORESS				Change	Addin
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THEE NAME STREET ADDRESS CITY-SE-ZIP		☐ Delcte	THU NAME	ANDRI SS				☐ Change	☐ Ar
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am a managing member or manager thimted 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, MANAGER, OR AUTHORIZED REPRESENTATIVE