

FILED
Jun 01, 2007 8:00 am
Secretary of State

05-03-2007 90262 010 ****50.00

LIMITED LIABILITY COMPANY.
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # <u>L06000069467</u>			
1. Entity Name KENDRICK ENTERPRISES, LLC			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 2216 HAMPSTEAD MEWS		3. Mailing Address Suite, Apt. #, etc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MONTGOMERY, AL		City & State	
Zip 36117	Country	Zip	Country
4. FEI Number 20-5193668		Applied For <input type="checkbox"/> \$5.00 Additional Fee Required <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
7. Name and Address of Current Registered Agent			
Name <u>Kirk Hunter</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>412 BAY OAKS</u>			
City <u>DESTIN</u> FL Zip Code <u>32541</u>			
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 <u>Kirk Hunter</u>		DATE <u>4-25-07</u>	
Signature, typed or printed name of registered agent and title if applicable.			
FEE IS \$50.00 Make Check Payable to Department of State DUE BY MAY 1, 2007			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MANAGER MEMBER</u> <u>Dewey Kendrick</u> <u>2216 HAMPSTEAD MEWS</u> <u>MONTGOMERY, AL 36117</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MANAGER MEMBER</u> <u>CHARLene Kendrick</u> <u>(SAME)</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Dewey Kendrick</u>		Date <u>4-30-07</u> 334-277-1325	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	