2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000075966

Entity Name: KENMARK PROPERTIES, LLC

Current Principal Place of Business:

813 HICKPOOCHEE AVE
SE 500
LABELLE, FL 33935 US

New Principal Place of Business:

813 HICKPOOCHEE AVE
LABELLE, FL 33935 US

Current Mailing Address:

998 E. COWBOY WAY
LABELLE, FL 33935 US

New Mailing Address:

5610 DIVISION DRIVE
FORT MYERS, FL 33905 US

FEI Number: 20-5580202   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

WALLACE, KENNETH A
998 E. COWBOY WAY
LABELLE, FL 33935 US

Name and Address of New Registered Agent:

WALLACE, KENNETH A
5610 DIVISION DRIVE
FORT MYERS, FL 33905 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: _____   04/27/2009
           Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM   ( ) Delete
Name: WALLACE, KENNETH A
Address: 998 E. COWBOY WAY
City-St-Zip: LABELLE, FL 33935 US

Title: MGR   ( ) Delete
Name: SHERRY, MARKUS DR
Address: 998 E COWBOY WAY
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES:

Title: MGRM   (X) Change ( ) Addition
Name: WALLACE, KENNETH A
Address: 5610 DIVISION DRIVE
City-St-Zip: FORT MYERS, FL 33905 US

Title: MGR   (X) Change ( ) Addition
Name: SHERRY, MARKUS DR
Address: 5610 DIVISION DRIVE
City-St-Zip: FORT MYERS, FL 33905

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: KENNETH A WALLACE   MGR   04/27/2009
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date