

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000112693

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: KENDALL RESIDENCES, LLC

**Current Principal Place of Business:**

340 PALMWOOD LANE  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

340 PALMWOOD LANE  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

FEI Number: 20-5926528

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAW OFFICE OF RENAE MELTZER  
11098 BISCAYNE BLVD. #201  
MIAMI, FL 33161 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GOMEZ, MARCO A  
Address: 340 PALMWOOD LANE  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGRM ( ) Delete  
Name: GOMEZ, AMELIA A  
Address: 3112 BEECHWOOD LANE  
City-St-Zip: FALS CHURCH, VA 22042

Title: MGRM ( ) Delete  
Name: GOMEZ, BENJAMIN  
Address: 55 ALBAN ROAD  
City-St-Zip: NEWTON, MA 02468

**ADDITIONS/CHANGES:**

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

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

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: MARCO A. GOMEZ

MGRM

04/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date