

# 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

<b>DOCUMENT # L06000115813</b> 1. Entity Name <b>HESS KENNEDY HOLDINGS LTD.</b>				<b>FILED</b> <b>08 DEC 22 AM 8:25</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>210 N. UNIVERSITY DRIVE</b> <b>900</b> <b>CORAL SPRINGS, FL 33071 US</b>		Mailing Address <b>210 N. UNIVERSITY DRIVE</b> <b>900</b> <b>CORAL SPRINGS, FL 33071 US</b>			
2. Principal Place of Business - No P.O. Box # <b>6600 NW 16th Street</b>		3. Mailing Address <b>6600 NW 16th Street</b>			
Suite, Apt. #, etc. <b>Suite 11</b>		Suite, Apt. #, etc. <b>Suite 11</b>			
City & State <b>Plantation, FL</b>		City & State <b>Plantation, FL</b>		12182008 Chg-LLC CR2E083 (12/06)	
Zip <b>33313</b>		Zip <b>33313</b>		4. FEI Number <b>20-8109867</b>	
Country <b>US</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HESS KENNEDY COMPANY</b> <b>210 NORTH UNIVERISTY DIRVE</b> <b>900</b> <b>CORAL SPRINGS, FL 33071</b>				7. Name and Address of New Registered Agent  Name <b>Daniel J. Stermer</b> Street Address (P.O. Box Number is Not Acceptable) <b>6600 NW 16th Street</b> <b>Suite 11</b> City <b>Plantation</b> <b>FL</b> Zip Code <b>33313</b>	
8. The above named entity submits the 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  (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Amended AR is \$50.00</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE <b>MGR</b>	NAME <b>HESS KENNEDY HOLDINGS, LTD.</b>			<input checked="" type="checkbox"/> Delete	
STREET ADDRESS <b>210 N. UNIVERSITY DRIVE, SUITE 900</b>	CITY-ST-ZIP <b>CORAL SPRINGS, FL 33071</b>			TITLE <b>Receiver</b>	
NAME <b>Daniel J. Stermer</b>				STREET ADDRESS <b>6600 NW 16th Street, Suite 11</b>	
CITY-ST-ZIP <b>Plantation, FL 33313</b>				CITY-ST-ZIP <b>Plantation, FL 33313</b>	
TITLE <b>400139210244</b>				NAME <b>12/23/08--01001--001 **372.50</b>	
STREET ADDRESS <b>12/23/08--01001--001 **372.50</b>				CITY-ST-ZIP <b>12/23/08--01001--001 **372.50</b>	
CITY-ST-ZIP <b>12/23/08--01001--001 **372.50</b>				CITY-ST-ZIP <b>12/23/08--01001--001 **372.50</b>	
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CITY-ST-ZIP <b>12/23/08--01001--001 **372.50</b>				CITY-ST-ZIP <b>12/23/08--01001--001 **372.50</b>	
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:  (NOTE: Registered Agent signature required when reinstating)					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					