



**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90165 016 \*\*\*143.75

<b>DOCUMENT # L07000007671</b> 1. Entity Name <b>KENDALL FINANCIAL, L.L.C.</b>			
Principal Place of Business <b>124 COUNTRY CLUB DR.                  TITUSVILLE, FL 32780</b>		Mailing Address <b>124 COUNTRY CLUB DR.                  TITUSVILLE, FL 32780</b>	
2. Principal Place of Business - No P.O. Box # <b>124 Country Club Dr.</b> Suite, Apt. #, etc.		3. Mailing Address <b>124 Country Club Dr.</b> Suite, Apt. #, etc.	
City & State <b>Titusville, FL</b>		City & State <b>Titusville, FL</b>	
Zip <b>32780</b>		Zip <b>32780</b>	
Country <b>Brevard</b>		Country <b>Brevard</b>	
4. FEI Number <b>65-1299888</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> <b>KENDALL, E. JOSEPH JR.                  124 COUNTRY CLUB DR.                  TITUSVILLE, FL 32780</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE <b>MGR</b> <input type="checkbox"/> Delete	NAME <b>KENDALL, E. JOSEPH JR.</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS <b>124 COUNTRY CLUB DR.</b>	CITY-ST-ZIP <b>TITUSVILLE, FL 32780</b>	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
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.			
<b>SIGNATURE:</b> 		Date <b>4-11-08</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	