


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90018 022 \*\*\*138.75

|  |  |   |  |   |   |
|--|--|---|--|---|---|
| <b>DOCUMENT # L07000075860</b><br>1. Entity Name<br><b>KENNEDY LENDING GROUP, LLC.</b>   |  |   |  |    |   |
| Principal Place of Business<br><b>10 NW 42ND. AVE.<br/>SUITE 400<br/>MIAMI, FL 33126</b>   |  |   | Mailing Address<br><b>10 NW 42ND. AVE.<br/>SUITE 400<br/>MIAMI, FL 33126</b> |   |   |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address  |  |   |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |  |   |   |
| City & State   |  | City & State  |  |   |   |
| Zip  | Country  | Zip   | Country  |   |   |
| 6. Name and Address of Current Registered Agent<br><br><b>GAROFALO, FAUSTO<br/>122 HIDDEN COURT RD.<br/>HOLLYWOOD, FL 33023</b>  |  |   |  | 7. Name and Address of New Registered Agent<br>Name <b>FAUSTO GAROFALO</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>10 NW 42ND. AVE</b><br><b>SUITE 400</b><br>City <b>MIAMI</b> FL <b>33126</b> |   |
| 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<br><i>FAUSTO GAROFALO</i>  |  | DATE<br><b>4/21/08</b>  |  |   |   |
| Signature, typed or printed name of registered agent and title if applicable.  |  | (NOTE: Registered Agent signature required when reinstating)      |  |   |   |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>  |  | <b>Make check payable to<br/>Florida Department of State</b>      |  |   |   |
| 9. MANAGING MEMBERS/MANAGERS   |  |   | 10. ADDITIONS/CHANGES  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>GAROFALO, FAUSTO<br>122 HIDDEN COURT RD.<br>HOLLYWOOD, FL 33023 | <input type="checkbox"/> Delete                                   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>GAROFALO, FAUSTO<br>10 NW 42ND. AVE STE 400<br>MIAMI, FL 33126 |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>GOMEZ, TIRSO<br>10 NW 42 ND. AVE. SUITE 400<br>MIAMI, FL 33126  | <input type="checkbox"/> Delete                                   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>GOMEZ, TIRSO<br>10 NW 42 ND. AVE. SUITE 400<br>MIAMI, FL 33126 |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>GOMEZ, TIRSO<br>10 NW 42 ND. AVE. SUITE 400<br>MIAMI, FL 33126  | <input type="checkbox"/> Delete                                   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>GOMEZ, TIRSO<br>10 NW 42 ND. AVE. SUITE 400<br>MIAMI, FL 33126 |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |   |
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| <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |   |
| 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: <i>FAUSTO GAROFALO</i>  |  | DATE: <b>4/21/08</b> (305) 445-1222                               |  |   |   |
| Signature and typed or printed name of signing managing member, manager, or authorized representative  |  | Daytime Phone #   |  |   |   |

60028529



04212008 Chg-LLC CR2E083 (12/06)

4. FEI Number **26-0572440** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>GAROFALO, FAUSTO<br>122 HIDDEN COURT RD.<br>HOLLYWOOD, FL 33023 | <input type="checkbox"/> Delete |
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## 10. ADDITIONS/CHANGES

|  |   |  |
|--|---|--|
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
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SIGNATURE: *FAUSTO GAROFALO* DATE: **4/21/08** (305) 445-1222  
Signature and typed or printed name of signing managing member, manager, or authorized representative Daytime Phone #