

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000110507

FILED
May 10, 2010
Secretary of State

Entity Name: KENNEDY PROPERTY OF PERDIDO, LLC

Current Principal Place of Business:

ATTN: PAT CORNELIUS
13599 PERDIDO KEY DRIVE, UNIT T-2D
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

ATTN: SHANN KENNEDY
375 COLLEGE STREET
COLLIERVILLE, TN 38017

New Mailing Address:

ATTN: PAT CORNELIUS
13599 PERDIDO KEY DRIVE, UNIT T-2D
PENSACOLA, FL 32507

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CORNELIUS, PATRICIA L
13599 PERDIDO KEY DRIVE, UNIT T-2D
PENSACOLA, FL 32507 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: KENNEDY, CHRISTI SHANN
Address: 375 COLLEGE STREET
City-St-Zip: COLLIERVILLE, TN 38017

Title: MGRM
Name: CORNELIUS, PATRICIA L
Address: 13599 PERDIDO KEY DRIVE, UNIT T-2D
City-St-Zip: PENSACOLA, FL 32507

Title: MGRM
Name: CORNELIUS, THOMAS V
Address: 13599 PERDIDO KEY DRIVE, UNIT T-2D
City-St-Zip: PENSACOLA, FL 32507

I hereby 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: PATRICIA L. CORNELIUS

MEMB

05/10/2010

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