

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000109776

Entity Name: 2405 KENILWORTH LLC

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5550 GLADES ROAD  
500  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

5550 GLADES ROAD  
500  
BOCA RATON, FL 33431

**New Mailing Address:**

FEI Number: 27-3727447

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FEDORIW, LYNN A  
5550 GLADES ROAD  
500  
BOCA RATON, FL 33431 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  
Name: MCFADDEN, ROBERT K  
Address: 132 SUNSET AVENUE  
City-St-Zip: OLD BRIDGE, NJ 08857

Title: MGRM  
Name: FEDORIW, LYNN A  
Address: 5550 GLADES ROAD, SUITE 500  
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM  
Name: MCFADDEN, NANCY J  
Address: 132 SUNSET AVENUE  
City-St-Zip: OLD BRIDGE, NJ 08857

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: LYNN A FEDORIW

MGRM

04/24/2012

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