

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000003120

FILED
Apr 06, 2005
Secretary of State

Entity Name: KENNARD INVESTMENTS, L.C.

Current Principal Place of Business:

3225 SOUTHSIDE BLVD., SUITE 2
JACKSONVILLE, FL 32216

New Principal Place of Business:

3225 SOUTHSIDE BLVD.
2
JACKSONVILLE, FL 32216 US

Current Mailing Address:

P.O. BOX 17156
JACKSONVILLE, FL 322457156

New Mailing Address:

P.O. BOX 17156
JACKSONVILLE, FL 322457156 US

FEI Number: 59-3547018

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOND, C. GUY
C/O PATTERSON, BOND & LATSHAW, P.A.
3010 SOUTH THIRD STREET
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

INTREPID REGISTERED AGENT SERVICES, LLC
ONE INDEPEDENT DRIVE
SUITE 1200
JACKSONVILLE, FL 32202 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: GWEN HUTCHESON GRIGGS, EVP

04/06/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: KENNARD, THOMAS O
Address: 3225 SOUTHSIDE BLVD., SUITE 2
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KENNARD, THOMAS O JR
Address: 3225 SOUTHSIDE BLVD., 2
City-St-Zip: JACKSONVILLE, FL 32216 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: THOMAS O. KENNARD, JR.

MGRM

04/06/2005

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