

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
Apr 17, 2006 08:00 AM  
Secretary of State

DOCUMENT # L98000003120

1. Entity Name  
KENNARD INVESTMENTS, L.C.



Principal Place of Business  
3225 SOUTHSIDE BLVD.  
2  
JACKSONVILLE, FL 32216 US

Mailing Address  
P.O. BOX 17156  
JACKSONVILLE, FL 32245-7156 US



01202006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
59-3547018

Applied For  
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

INTREPID REGISTERED AGENT SERVICES, LLC  
ONE INDEPENDENT DRIVE  
SUITE 1200  
JACKSONVILLE, FL 32202

DO NOT WRITE  
IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2006

1100000516290  
04/29/06-80244-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
KENNARD, THOMAS O JR  
3225 SOUTHSIDE BLVD., 2  
JACKSONVILLE, FL 32216

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

THOMAS O. KENNARD 3-31-06 904-642-9003