

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 24, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # L99000006498**

**1. Entity Name**

**KENNARD INVESTMENTS II, L.C.**



**Principal Place of Business**

**3225 SOUTHSIDE BLVD.  
SUITE 2  
JACKSONVILLE, FL 32216 US**

**Mailing Address**

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



**01202006 No Chg-LLC**

**CR2E083 (11/05)**

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**

**59-3602402**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

**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**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	<b>MGRM</b>
<b>NAME</b>	<b>KENNARD, THOMAS O JR.</b>
<b>STREET ADDRESS</b>	<b>3225 SOUTHSIDE BOULEVARD, SUITE 2</b>
<b>CITY-ST-ZIP</b>	<b>JACKSONVILLE, FL 32216</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
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<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**U00000531435  
05/06/06-80039-007 50.00**

**DO NOT WRITE  
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:**

*THOMAS O. KENNARD MGR*  
**THOMAS O. KENNARD MGR**

**4-18-06 904-642-9003**

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

Date

Daytime Phone #