

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000007283

FILED  
May 01, 2008  
Secretary of State

**Entity Name:** KENNEDY, WEISBERG AND COHEN, LLC

**Current Principal Place of Business:**

1300 S US1  
BUNNELL, FL 32110

**New Principal Place of Business:**

7220 NW 36TH STREET SUITE 103  
MIAMI, FL 33166

**Current Mailing Address:**

P.O. BOX 959  
BUNNELL, FL 32110

**New Mailing Address:**

7220 NW 36TH STREET SUITE 103  
MIAMI, FL 33166

**FEI Number:** 65-1010771      **FEI Number Applied For ( )**      **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:**

DENES, GREG  
14255 U.S. HIGHWAY ONE  
SUITE 243  
JUNO BEACH, FL 33408 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: MGR      ( ) Delete  
Name: CANTILLO, JULIAN  
Address: P.O. BOX 959  
City-St-Zip: BUNNELL, FL 32110

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: PEALYO, JOSE  
Address: 7220 NW 36TH STREET SUITE 103  
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DR JOSE PELAYO

MGR

05/01/2008

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