

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000008800

Entity Name: EAST KENDALL, LLC

FILED  
Feb 07, 2009  
Secretary of State

## Current Principal Place of Business:

2800 PONCE DE LEON BLVD  
STE 1125  
CORAL GABLES, FL 33134

## New Principal Place of Business:

6200 SW 135 STREET  
MIAMI, FL 33156

## Current Mailing Address:

2800 PONCE DE LEON BLVD  
STE 1125  
CORAL GABLES, FL 33134

## New Mailing Address:

6200 SW 135 STREET  
MIAMI, FL 33156

FEI Number: 65-0968376

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BREIER, ROBERT G  
2800 PONCE DE LEON BLVD  
STE 1125  
CORAL GABLES, FL 33134 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: IRWIN, MICHAEL A  
Address: 6200 S.W. 135TH STREET  
City-St-Zip: MIAMI, FL 33156

Title: MGRM ( ) Delete  
Name: IRWIN, PAULA F  
Address: 154 INDIES DRIVE SOUTH  
City-St-Zip: DUCK KEY, FL 33050

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: IRWIN, PAULA F  
Address: 6200 SW 135 STREET  
City-St-Zip: MIAMI, FL 33156

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: MICHAEL A. IRWIN

MGR

02/07/2009

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