

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90014 014 ****50.00

DOCUMENT # M03000003759

1. Entity Name
BROOKWOOD KENDALL CO., LLC



Principal Place of Business
**50 DUNHAM ROAD
BEVERLY, MA 01915**

Mailing Address
**50 DUNHAM ROAD
BEVERLY, MA 01915**

20047488



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04082005 Chg-LLC CR2E083 (10/03)

4. FEI Number

59-2130577

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
TRKLA, THOMAS
550 DUNHAM ROAD
BEVERLY, MA 01915** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**50 Dunham Rd
Beverly MA 01915** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BROWN, THOMAS W
550 DUNHAM ROAD
BEVERLY, MA 01915** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**50 Dunham Rd
Beverly MA 01915** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MAEL, JOEL A
1350 AVE. OF THE AMERICAS, SUITE 1910
NEW YORK, NY 10019** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1350 Avenue of the Americas, Suite 1910
New York NY 10019** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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 A. Trkla

Thomas A. Trkla

4/19/05

978.927.8300

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

Date

Daytime Phone #