

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90056 026 ****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**

60043951



04202007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	TRKLA, THOMAS
STREET ADDRESS	50 DUNHAM RD
CITY-ST-ZIP	BEVERLY, MA 01915
TITLE	MGR
NAME	BROWN, THOMAS W
STREET ADDRESS	50 DUNHAM RD
CITY-ST-ZIP	BEVERLY, MA 01915
TITLE	MGR
NAME	MAEL, JOEL A
STREET ADDRESS	1350 AVE OF THE AMERICAS, STE 1910
CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: _____

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

Thomas W. Brown

4/25/07

Date

978-927-8300

Daytime Phone #