



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90076 025 ****55.00

DOCUMENT # M06000000923						
1. Entity Name KENLEE DAYTONA LLC						
Principal Place of Business 1209 ORANGE STREET, C/O CORPORATION TRUST COMPANY WILMINGTON, DE 19801			Mailing Address 1209 ORANGE STREET, C/O CORPORATION TRUST COMPANY WILMINGTON, DE 19801			
2. Principal Place of Business - No P.O. Box # 305 FENTRESS BLVD		3. Mailing Address 1701 INVERNESS AVE				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07182007 Chg-LLC CR2E083 (12/06)		
City & State DAYTONA BEACH, FL		City & State BALTIMORE, MD		4. FEI Number 20-3870001		
Zip 32114		Country VOLUSIA		Applied For Not Applicable		
Zip 21230		Country BALT CITY		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State				
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEWIS, KEN 1701 INVERNESS AVE BALTIMORE, MD 21230		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FINNELL, JACK 1701 INVERNESS AVE BALTIMORE, MD 21230		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'BRIEN, KEVIN 1701 INVERNESS AVE BALTIMORE, MD 21230		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEALY, JOHN L 45 WILLIAM STREET WELLESLEY, MA 02481		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALLEN, MARK G 11642 OLD BALTIMORE OIKE BELTSVILLE, MD 20705		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALLEN, MARK G 305 FENTRESS BLVD DAYTONA BEACH, FL 32114 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CEIDE, RAUL 305 FENTRESS BLVD DAYTONA BEACH, FL 32114 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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: _____ <i>Kevin O'Brien</i> Kevin O'Brien 7/18/07 410-525-3800 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>						