FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1997 FEB 28 PH 1: 28 1997 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE. FLORIDA Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee FILING FEE \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT** #200261 1a. Principal Place of Business Address KENSINGTON HOMES, L.C. 5950 IMPERIALAKES BOULEVARD 5950 IMPERIALAKES BOULEVARD MULBERRY FL 33860 MULBERRY FL 33860 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a 3. Date Organized or Qualified 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 07/06/1990 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3055071 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country S8 75 Additional Fee Required 🔀 D9/16/1996 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent LONG, JAMES B 5950 IMPERIALAKES BLVD. Street Address (P.O. Box Number is Not Acceptable) MULBERRY EG 33860 Suite, Apt. #, etc. Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when rainstating) **Business Street Address** City, State and Zip Code 10. Title Managing Members/Managers MGR KENSINGTON HOMES, INC. \$900 IMPERIALAKES BLVD. MULBERRY FL Mailing PD Box 6308

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11. I do 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 annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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; and that my name appears in Block 10, or on an attachment with an address.

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OR PHINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER