


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2007 08:00 A
Secretary of State

DOCUMENT # L00000004182 1. Entity Name 9 1/2 KINGS, LLC	
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Principal Place of Business 630 MAPLEWOOD DRIVE 100 JUPITER, FL 33458	Mailing Address 630 MAPLEWOOD DRIVE 100 JUPITER, FL 33458
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04142007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 17-3428348	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GRAZIOTTO, RAYMOND E
 630 MAPLEWOOD DRIVE
 100
 JUPITER, FL 33458

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee Is \$50.00
Due by May 1, 2007**

U00000713098
04/26/07-80074-020 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRAZIOTTO, RAYMOND E 630 MAPLEWOOD DRIVE, #100 JUPITER, FL 33458
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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: William E. Taylor William E. Taylor CFO 4-16-07 561-625-9443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #