

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # L00000004182

1. Entity Name
 9 1/2 KINGS, LLC



Principal Place of Business
 630 MAPLEWOOD DRIVE
 100
 JUPITER, FL 33458

Mailing Address
 630 MAPLEWOOD DRIVE
 100
 JUPITER, FL 33458



02252008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 17-3428348

Applied For
 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

**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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|---------------------------|
| TITLE | MGRM |
| NAME | GRAZIOTTO, RAYMOND E |
| STREET ADDRESS | 630 MAPLEWOOD DRIVE, #100 |
| CITY-ST-ZIP | JUPITER, FL 33458 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

L000000315818
 05/12/08-80003-013 138.75

**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: William E. Taylor CFO William E. Taylor
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-17-08
 Date

561-625-9443
 Daytime Phone #