

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000111050

FILED
Jul 06, 2007
Secretary of State

Entity Name: CIRCLE K DEVELOPERS, LLC

Current Principal Place of Business:

1517 NORTH YOUNG BLVD
CHIEFLAND, FL 32626

New Principal Place of Business:

Current Mailing Address:

1517 NORTH YOUNG BLVD
CHIEFLAND, FL 32626

New Mailing Address:

FEI Number: 56-2547376 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BAYNARD, OWEN
1825 NORTH YOUNG BLVD
CHIEFLAND, FL 32626 US

Name and Address of New Registered Agent:

BAYNARD, OWEN
1517 NORTH YOUNG BLVD
CHIEFLAND, FL 32626 US

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.

SIGNATURE: _____

07/06/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BAYNARD, OWEN
Address: POB 1535
City-St-Zip: CHIEFLAND, FL 32626

Title: MGRM () Delete
Name: LESTOCK, JAMES J
Address: 1644 SW SAINT JAMES CT.
City-St-Zip: LAKE CITY, FL 32025

Title: MGRM () Delete
Name: HARRINGTON, THOMAS
Address: POB 1341
City-St-Zip: CHIEFLAND, FL 32644

Title: MGRM () Delete
Name: PENSICO TRUST COMPANY, FBO JESSE LIP N ICK
Address: 450 SANSOME ST. - 14TH FLOOR
City-St-Zip: SAN FRANCISCO, CA 94111

Title: MGRM () Delete
Name: SCHWARTZ, PHILIP
Address: POB 90243
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BAYNARD, OWEN
Address: POB 1535
City-St-Zip: CHIEFLAND, FL 32644

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: OWEN F. BAYNARD

MGRM

07/06/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date