


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2008 08:00 A
Secretary of State

DOCUMENT # L05000111050 1. Entity Name CIRCLE K DEVELOPERS, LLC	
---	---

Principal Place of Business 1517 NORTH YOUNG BLVD CHIEFLAND, FL 32626	Mailing Address 1517 NORTH YOUNG BLVD CHIEFLAND, FL 32626
---	---

DO NOT WRITE IN THIS SPACE



01142008No Chg-LLC CR2E083 (12/07)

4. FEI Number 56-2547376	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

BAYNARD, OWEN
1517 NORTH YOUNG BLVD
CHIEFLAND, FL 32626

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

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAYNARD, OWEN POB 1535 CHIEFLAND, FL 32644
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LESTOCK, JAMES J 1644 SW SAINT JAMES CT. LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARRINGTON, THOMAS POB 1341 CHIEFLAND, FL 32644
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PENSICO TRUST COMPANY FBO JESSE LIPNICK 450 SANSOME ST. - 14TH FLOOR SAN FRANCISCO, CA 94111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHWARTZ, PHILIP POB 90243 GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000786503
01/17/08-80043-005 138.75

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: *Thomas Harrington MGRM* 1/14/08 352-493-2676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #