

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000111050

FILED  
Apr 06, 2009  
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 (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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: ( ) 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:

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 BAYNARD

RA

04/06/2009

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