

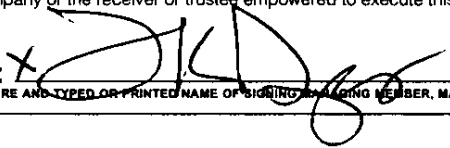


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90181 002 ****50.00

DOCUMENT # L00000010938 1. Entity Name LYNN KING DESIGN ASSOCIATES, L.L.C.			
Principal Place of Business 124 MUSSET BAYOU RD # A SANTA ROSA BEACH, FL 32459		Mailing Address P.O. BOX 6243 DESTIN, FL 32550	
2. Principal Place of Business - No P.O. Box # 820 North County Hwy 393 Suite, Apt. #, etc. Suite A City & State Santa Rosa Beach FL Zip 32459 Country USA		3. Mailing Address 820 North County Hwy 393 Suite, Apt. #, etc. Suite A City & State Santa Rosa Beach FL Zip 32459 Country USA	
6. Name and Address of Current Registered Agent CONERLY, LAMAR A 4481 LEGENDARY DRIVE DESTIN, FL 32250		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>Mar 27, 2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DUGAS, LYNN K 2097 OLDE TOWNE AVENUE DESTIN, FL 32550	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Dugas, Lynn K 668 Woodland Bayou Drive Santa Rosa Beach, FL 32459
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date <u>Mar 27, 2007</u> Daytime Phone # <u>850-278-6998</u>	

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4. FEI Number 02-0566018 Applied For Not Applicable
 5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required