

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000017730

Entity Name: KINGSLEY PLAZA III, LLC

FILED
May 07, 2007
Secretary of State

Current Principal Place of Business:

510 SOUTH THIRD STREET
JACKSONVILLE BEACH, FL 32250 US

New Principal Place of Business:

2315 BEACH BLVD
203
JACKSONVILLE BEACH, FL 32250 US

Current Mailing Address:

2315 BEACH BOULEVARD
SUITE 203
JACKSONVILLE BEACH, FL 32250 US

New Mailing Address:

FEI Number: 59-3750578 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:

SMITH, HOWARD J
ONE SAN JOSE PLACE, STE. 31
JACKSONVILLE, FL 32257 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: WOODBURN, HENRY P III
Address: 8034 PEBBLE BEACH LANE WEST
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGR () Delete
Name: DICKINSON, FRANKLIN B MEM
Address: 60 A N. ROSCOE BLVD.
City-St-Zip: PONTE VEDRA, FL 32082

ADDITIONS/CHANGES:

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: FRANKLIN DICKINSON

MGR

05/07/2007

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