2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000018591

1. Entity Name
KINGS MANOR BED & BREAKFAST, LLC

Principal Place of Business	Mailing Address
322 KING STREET OVIEDO, FL 32765	322 KING STREET OVIEDO, FL 32765

DO NOT WRITE IN THIS SPACE

01092004No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3751119

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BURGUNDER, KARL A
1565 GEMINI CT
OVIEDO, FL 32765

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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)

Filing Fee is $50.00
Due by May 1, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	MCQUEEN, ROBERTA R
STREET ADDRESS	322 KING ST
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	MGRM
NAME	MCQUEEN, PAUL D
STREET ADDRESS	322 KING ST
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Roberta R. McQueen Roberta R McQueen 1/29/04 407-365-4200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #