


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92169 025 ****50.00

DOCUMENT # L02000005521	
1. Entity Name KING INTERNATIONAL LLC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7746 WATER OAK CT		3. Mailing Address 7746 WATER OAK CT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State KISSIMMEE		City & State KISSIMMEE FLORIDA	
Zip FL34747	Country USA	Zip 34747	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 47 0875591		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name BYRD & GANTT	
	Street Address (P.O. Box Number is Not Acceptable) SUN TRUST BUILDING	
	3355 WEST VINE ST SUITE 102	
	City KISSIMMEE	FL Zip Code 34741

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 **M. King** **FERN A. KING** **04/30/03**
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MR CHRISTOPHER BERNARD KING 7746 WATER OAK COURT KISSIMMEE FL 34747	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MRS FERN AMELIA KING 7746 WATER OAK COURT KISSIMMEE FL 34747	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: **CHRISTOPHER B. KING** **04/30/03** **407 397 2811**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)