

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

1/1

FILED
Feb 06, 2008 8:00 am
Secretary of State

01-11-2008 90078 033 ***138.75

DOCUMENT # L02000007461 1. Entity Name KINGSWAY BUSINESS CENTER, LLC	
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Principal Place of Business 12653 SW COUNTY ROAD 769 SUITE A LAKE SUZY, FL 34269 US	Mailing Address 12653 SW COUNTY ROAD 769 SUITE A LAKE SUZY, FL 34269 US
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30000282



01082008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0671214	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

GANT, STEVEN D 12653 SW COUNTY ROAD 769 SUITE A LAKE SUZY, FL 34269
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when renewing) DATE _____

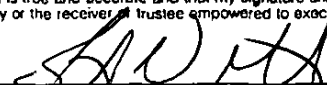
**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MAPPES, KENNETH S 9305 SW LIPE ROAD ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GANT, STEVEN D 23220 HARTLEY AVENUE PORT CHARLOTTE, FL 33954
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**DO NOT WRITE
IN THIS SPACE**

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:  2/4/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #