

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022182

FILED
May 14, 2007
Secretary of State

Entity Name: KING STREET HOLDINGS, LLC

Current Principal Place of Business:

343 KING STREET
MYERSTOWN, PA 17067

New Principal Place of Business:

Current Mailing Address:

343 KING STREET
MYERSTOWN, PA 17067

New Mailing Address:

FEI Number: 52-2375359 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:

Name and Address of New Registered Agent:

NEFF, MARK
16130 RIO DEL PAZ
DELRAY BEACH, FL 33446 US

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: MGR () Delete
Name: REILEY, BERNARD
Address: 28 S SPRUCE ST
City-St-Zip: LITITZ, PA 17543

Title: MGR () Delete
Name: NEFF, MARK E
Address: C/O 343 KING STREET
City-St-Zip: MYERSTOWN, PA 17067

Title: MGR () Delete
Name: HERSHEY, MARLIN
Address: C/O 343 KING STREET
City-St-Zip: MYERSTOWN, PA 17067

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BERNARD C. REILEY

MGR

05/14/2007

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