

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000030714

FILED
Apr 15, 2005
Secretary of State

Entity Name: FULFORD AND KING, L.L.C.

Current Principal Place of Business:

900 SOUTH FEDERAL HIGHWAY
SUITE 100
STUART, FL 34994 US

New Principal Place of Business:

Current Mailing Address:

900 SOUTH FEDERAL HIGHWAY
SUITE 100
STUART, FL 34994 US

New Mailing Address:

FEI Number: 16-1649076

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, W. LEE JR
900 SOUTH FEDERAL HIGHWAY
SUITE 100
STUART, FL 34994 US

Name and Address of New Registered Agent:

FULFORD, JEFFREY C
900 SOUTH FEDERAL HIGHWAY
SUITE 100
STUART, FL 34994 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: JEFFREY C FULFORD

04/15/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: W. LEE KING, JR., P., A.
Address: 900 SOUTH FEDERAL HIGHWAY
City-St-Zip: STUART, FL 34994 US

Title: MGR () Delete
Name: JEFFERY C. FULFORD,, P.A.
Address: 900 SOUTH FEDERAL HIGHWAY
City-St-Zip: STUART, FL 34994 US

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 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 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: JEFFREY C FULFORD

MGR

04/15/2005

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