

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013079

Entity Name: FKOS RESOURCES LLC

FILED  
Apr 24, 2008  
Secretary of State

**Current Principal Place of Business:**

3540 AGRICULTURE DRIVE, STE 100  
SAINT AUGUSTINE, FL 32092

**New Principal Place of Business:**

**Current Mailing Address:**

3540 AGRICULTURE DRIVE, STE 100  
SAINT AUGUSTINE, FL 32092

**New Mailing Address:**

FEI Number: 42-1585613

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KING, CATHERINE  
3540 AGRICULTURAL CENTER DR., STE 101  
ST AUGUSTINE, FL 32092 US

**Name and Address of New Registered Agent:**

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: P ( ) Delete  
Name: SCHMITZ, WILFRED J  
Address: 10387 AUTUMN VALLEY RD.  
City-St-Zip: JACKSONVILLE, FL 32257

Title: VP ( ) Delete  
Name: FRANCIS, DAVID  
Address: 721 LOTUS LANE  
City-St-Zip: JACKSONVILLE, FL 32259

Title: S ( ) Delete  
Name: KING, CATHERINE T  
Address: 649 SAND RINGHAM DR.  
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGRG ( ) Delete  
Name: O'CONNOR, WILLIAM Y  
Address: 8 DENISON DRIVE EAST  
City-St-Zip: SADDLE RIVER, NJ 07458

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ITO (X) Change ( ) Addition  
Name: SCHMITZ, WILFRED J  
Address: 10387 AUTUMN VALLEY RD.  
City-St-Zip: JACKSONVILLE, FL 32257

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

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

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

Title: P ( ) Change (X) Addition  
Name: STONESTREET, NICHOLAS  
Address: 7780 ROYAL CREST DRIVE  
City-St-Zip: JACKSONVILLE, FL 32256

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: NICHOLAS STONESTREET

PRES

04/24/2008

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