

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90083 046 ****55.00

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1. Entity Name

KING MOTOR CO. OF KISSIMMEE, LLC

Principal Place of Business

700 EAST SUNRISE BLVD.
FORT LAUDERDALE, FL 33304

Mailing Address

700 EAST SUNRISE BLVD.
FORT LAUDERDALE, FL 33304



04262005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0037414

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KING, W. CLAY
700 EAST SUNRISE BLVD.
FORT LAUDERDALE, FL 33304

**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 signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KING, W. CLAY
STREET ADDRESS	700-900 E. SUNRISE BLVD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	MGRM
NAME	APPLES, A. EDWARD <i>A. Edward Appleby</i>
STREET ADDRESS	700-900 E. SUNRISE BLVD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	MGRM
NAME	FRANCIS, KIRK
STREET ADDRESS	700-900 E. SUNRISE BLVD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	MGRM
NAME	GALE, JEFF
STREET ADDRESS	700-900 E. SUNRISE BLVD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Kirk J. Francis VP 4/24/05

954-760-6783