## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Mar 28, 2005 08:00 AM DOCUMENT # L03000032792 **Secretary of State** 1. Entity Name KINGS PROPERTY MANAGMENT GROUP LLC Principal Place of Business ... Mailing Address 900 RIVER REACH DRIVE " 900 RIVER REACH DRIVE 323 --FORT LAUDERDALE FL 33315 FORT LAUDERDALE FL 33315 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State City & State 4. FEI Number Applied For 20-0188136 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KING, LEO J Street Address (P.O. Box Number is Not Acceptable) 900 RIVER REACH DRIVE FORT LAUDERDALE FL 33315 Zip Code 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 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 1074.6 MGR TITLE Delete ☐ Change Addition NAME KING, LEO J NAME U0000027823**0** STREET ADDRESS 900 RIVER REACH DRIVE - UNIT 323 STREET ADDRESS 03/28/05-80017-017 55.00 CITY-ST-ZIP CHY-SL-2IP FORT LAUDERDALE FL 33315 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete HILE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP THEF THE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HILL ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE Tille ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-Si-7/P

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

**FILED** 

3-24-2005 954-682-6393
Date Daytona Phone 4