

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000036146

Entity Name: OLD KINGS, L.L.C.

FILED
May 04, 2008
Secretary of State

Current Principal Place of Business:

27 N. FLORIDA PARK DRIVE
PALM COAST, FL 32137

New Principal Place of Business:

4 N. OLD KINGS RD. N.
SUITE A
PALM COAST, FL 32137

Current Mailing Address:

27 N. FLORIDA PARK DRIVE
PALM COAST, FL 32137

New Mailing Address:

4 N. OLD KINGS RD. N.
SUITE A
PALM COAST, FL 32137

FEI Number: 20-0652178 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:

CHIUMENTO, MICHAEL D
4 OLD KINGS ROAD NORTH, SUITE B
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

CHIUMENTO, MICHAEL D
4 OLD KINGS ROAD N.
SUITE B
PALM COAST, FL 32137 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:

05/04/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JOHNSTON, GREGORY A
Address: 27 N. FLORIDA PARK DRIVE
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JOHNSTON, GREGORY A
Address: 3423 N. OCEANSHORE BLVD.
City-St-Zip: FLAGLER BEACH, FL 32136

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: GREGORY A. JOHNSTON D.D.S.

MGRM

05/04/2008

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