

**2007 LIMITED LIABILITY COMPANY-  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L03000045490**

**1. Entity Name**  
**KING BUILDERS LLC**



**Principal Place of Business**  
**3359 HORSESHOE BEND CT.**  
**LONGWOOD, FL 32779 US**

**Mailing Address**  
**3359 HORSESHOE BEND CT.**  
**LONGWOOD, FL 32779 US**



**04182007 No Chg-LLC**

**CR2E083 (11/05)**

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**84-1644833**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**CRANE, REX D**  
**3359 HORSESHOE BEND CT.**  
**LONGWOOD, FL 32779**

**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 renewing)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

**U00000724515**  
**05/02/07-80113-015 50.00**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**MGR**  
**CRANE, REX D**  
**3359 HORSESHOE BEND CT**  
**LONGWOOD, FL 32779**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**MGRM**  
**BEAN, RICHARD I**  
**1483 STONE TRAIL**  
**ENTERPRISE, FL 32725**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

**4-18-07**

Date

**407-324-0432**

Daytime Phone #