

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

DOCUMENT # L03000053577



1. Entity Name

BILL KING LLC

Principal Place of Business

125 STOKES LANDING ROAD
ST AUGUSTINE FL 32095

Mailing Address

125 STOKES LANDING ROAD
ST AUGUSTINE FL 32095

2. Principal Place of Business

9740 WEST DEEP CREEK BLVD
Suite, Apt. #, etc.

3. Mailing Address

9740 W. DEEP CREEK BLVD
Suite, Apt. #, etc.

City & State

HASTINGS, FL

Zip 32145

Country USA

City & State

HASTINGS, FL

Zip 32145

Country USA

6. Name and Address of Current Registered Agent

KING, WILLIAM A
125 STOKES LANDING ROAD
ST AUGUSTINE FL 32095

4. FEI Number

80-0487894

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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

William A. King

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	
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE
NAME	KING, WILLIAM A		NAME
STREET ADDRESS	125 STOKES LANDING ROAD		STREET ADDRESS
CITY-ST-ZIP	ST AUGUSTINE FL 32095		CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
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CITY-ST-ZIP			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP

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:

William A. King

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

2-15-05 9046821256

Date

Daytime Phone #