

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AP)

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90155 017 \*\*\*\*50.00

**DOCUMENT # L03000057303**

1. Entity Name

GRANT D. KING, LLC



Principal Place of Business  
8786 CITATION DRIVE  
PALM BEACH GARDENS FL 33418

Mailing Address  
POST OFFICE BOX 30185  
PALM BEACH GARDENS FL 33420

JUDGMENT



1st MOORE CR2E083 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1229983

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KING, GRANT D  
8786 CITATION DRIVE  
PALM BEACH GARDENS FL 33418

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

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  
NAME KING, GRANT D  
STREET ADDRESS 8786 CITATION DRIVE  
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

☐ Delete

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/14/05

Date

Daytime Phone #