

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jul 08, 2007  
Secretary of State**

DOCUMENT# L04000024004

Entity Name: KINGDOM INVESTMENTS, LLC

**Current Principal Place of Business:**

8930 S.R. 84  
233  
DAVIE, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

1874 SW 81 LANE  
DAVIE, FL 33324

**New Mailing Address:**

FEI Number: 35-2228681      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

**Name and Address of New Registered Agent:**

GRIMM, RANDALL J  
1101 OLD GRIFFIN ROAD  
DANIA, FL 33004 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: HOLDERFIELD, MICHAEL D  
Address: 1874 SW 81 LANE  
City-St-Zip: DAVIE, FL 33324

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: HOLDERFIELD, PATRICIA L  
Address: 1874 SW 81 LANE  
City-St-Zip: DAVIE, FL 33324

Title: M (X) Change ( ) Addition  
Name: GRIMM, RANDALL J  
Address: 1874 SW 81 LANE  
City-St-Zip: DAVIE, FL 33324

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: MICHAEL D. HOLDERFIELD

MGR

07/08/2007

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