#### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

### **DOCUMENT # L04000043244**

1. Entity Name
KING HOLDINGS II OF KEY WEST, LLC



FILED Apr 25, 2008 08:00 AM Secretary of State

Principal Place of Business

1602 LAIRD STREET KEY WEST, FL 33040 Mailing Address

1602 LAIRD STREET KEY WEST, FL 33040



02262008 No Chg-LLC

CR2E083 (12/07)

OU NOT WRITE IN THIS SPACE	4. FEI Number 20-1214360		Applied For Not Applicable
	5. Certificate of Status Desired		\$5.00 Additional

6. Name and Address of Current Registered Agent

PRIBRAMSKY, STEVEN 937 FLEMING STREET KEY WEST, FL 33040

## DO NOT WRITE IN THIS SPACE

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fl	orida. 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 \$138.75 After May 1, 2008 Fee will be \$538.75

U00000921382 05/15/08-80004-014 138.75

9.	MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KING, KENNETH 1602 LAND ST KEY WEST, FL 33040					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KING, LINDA J 1602 LAND ST KEY WEST, FL 33040					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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TITLE NAME STREET ADDRESS CITY-ST-ZIP						

# DO NOT WRITE IN THIS SPACE

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.

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Mostly K.

4-22-08

305-296-8101

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

Date

Daytime Phone #