2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000043883

1. Entity Name

NEW KING BUFFET, LLC



FILED Feb 13, 2008 08:00 Al Secretary of State

Principal Place of Business

2157 EAST SEMORAN BLVD APOPKA, FL 32703 Mailing Address

11 EAST BROADWAY SUITE 6E NEW YORK, NY 10038



01142008No Chg-LLC

CR2E083 (12/07)

4.	FEI Number		Applied For
	20-1578852	<u> </u>	Not Applicable
5.	Certificate of Status Desired	\$5.00 Fee Re	Additional guired

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GUO, YOU YI 2157 EAST SEMORAN BLVD APOPKA, FL 32703

DO NOT WRITE IN THIS SPACE

		IIV	THIS SPACE		
	named entity submits this statement for the purpose of charitions of registered agent.	nging its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature: Typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE		
FILE After May	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY+ST-ZIP	MGRM GUO, YOU YI 2157 EAST SEMORAN BLVD APOPKA, FL 32703		Hologogogogogo		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LI, GUANG YAN 308 ESSEX STREET 1FL HARRISON, NJ 07029		U00000826405 02/21/08-80048-013 138.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME					

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 flability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS

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

1 15/08

Daylime Phone #