

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90255 021 \*\*\*\*55.00

**DOCUMENT # L04000056895**

1. Entity Name

KING 205, L.L.C.



Principal Place of Business

Mailing Address

205 WEST KING STREET  
ST. AUGUSTINE FL 32084

209 WEST KING STREET  
ST. AUGUSTINE FL 32084

2. Principal Place of Business - No P.O. Box #

205 W. King Street

3. Mailing Address

205 W. King Street

Suite, Apt. #, etc.

Suite C

Suite, Apt. #, etc.

Suite C

City & State

St. Augustine, FL

City & State

St. Augustine, FL

Zip

32084

Country

USA

Zip

32084

Country

USA

4. FEI Number

41-2148259

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

1st MOORE CR2E083 (10/06)



6. Name and Address of Current Registered Agent

FERRELL, DOUGLAS  
209 WEST KING STREET  
ST. AUGUSTINE FL 32084

7. 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

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME FERRELL, DOUGLAS  
STREET ADDRESS 209 W KING ST  
CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE V ☐ Delete  
NAME FERRELL, GINGER M  
STREET ADDRESS 209 W KING ST  
CITY-ST-ZIP SAINT AUGUSTINE FL 32084

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE Manager/Member ☒ Change ☐ Addition  
NAME Douglas A. Ferrell  
STREET ADDRESS 311 Ribault Street  
CITY-ST-ZIP St. Augustine, FL 32080

TITLE Volunteer ☒ Change ☐ Addition  
NAME Ginger M. Ferrell  
STREET ADDRESS 16 Aranta Street  
CITY-ST-ZIP St. Augustine, FL 32084

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE

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

Douglas A. Ferrell

04/05/2007 (904) 829-6650

Date

Daytime Phone #