2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Apr 11, 2008 8:00 am
Secretary of State
04-11-2008 90176 006 ***143.75

DOCUMENT # L04000056895

1. Entity Name
KING 205, L.L.C.

Principal Place of Business	Mailing Address
205 WEST KING ST SUITE C ST. AUGUSTINE FL 32084	205 WEST KING ST SUITE C ST. AUGUSTINE FL 32084

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
205 W. King St.		205 W. King St.	
Suite, Apt. #, etc. Suite B		Suite, Apt. #, etc. Suite B	
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

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: Ferrell, Douglas A.
Street Address (P.O. Box Number is Not Acceptable): 205 W. King St.
Suite B
City: St. Augustine FL Zip Code 32084

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] Douglas A. Ferrell 1/23/08
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
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	Member/Mngr	☑ Change ☐ Addition
NAME	FERRELL, DOUGLAS		NAME	Ferrell, Douglas A.	
STREET ADDRESS	511 RIBAULT ST		STREET ADDRESS	4245 Wicks Branch Rd.	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32080		CITY-ST-ZIP	St. Augustine, FL 32086	
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FERRELL, GINGER M		NAME		
STREET ADDRESS	16 ARENTA ST		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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] Douglas A. Ferrell 1/23/08 (904) 829-6650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #