

**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 205 WEST KING ST SUITE C ST. AUGUSTINE FL 32084	Mailing Address 205 WEST KING ST SUITE C ST. AUGUSTINE FL 32084
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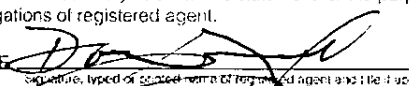
2. Principal Place of Business - No P.O. Box # 205 W. KING ST.	3. Mailing Address 205 W. KING ST.
Suite, Apt. #, etc. SUITE B	Suite, Apt. #, etc. SUITE B
City & State ST. AUGUSTINE, FL	City & State ST. AUGUSTINE, FL
Zip 32084	Zip 32084
Country USA	Country USA

1st MOORE CR2E083 (10/07)

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 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  **DOUGLAS A. FERRELL** DATE **1/23/08**

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered agent's signature required when re-electing)

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 NAME STREET ADDRESS CITY-ST-ZIP	MGR FERRELL, DOUGLAS 511 RIBAUT ST SAINT AUGUSTINE FL 32080 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER/MGR FERRELL, DOUGLAS A. 4845 WICKS BRANCH RD. ST. AUGUSTINE, FL 32086 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FERRELL, GINGER M 16 ARENTA ST SAINT AUGUSTINE FL 32084 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  **DOUGLAS A. FERRELL** DATE **1/23/08** (904) 829-6650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dystera Phone #