

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90119 023 ****55.00

DOCUMENT # L04000056902

1. Entity Name

KING 207, L.L.C.



Principal Place of Business

**207 WEST KING STREET
ST. AUGUSTINE FL 32084**

Mailing Address

**207 WEST KING STREET
ST. AUGUSTINE FL 32084**

20005953



1st MOORE

CR2E083 (10/04)

2. Principal Place of Business

205 W. King Street

Suite, Apt. #, etc.

3. Mailing Address

205 W. King Street

Suite, Apt. #, etc.

City & State

St. Augustine, FL

City & State

St. Augustine, FL

4. FEI Number

41-2148260

Applied For

Not Applicable

Zip **32084**

Country **USA**

Zip **32084**

Country **USA**

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FERRELL, DOUGLAS
207 WEST KING STREET
ST. AUGUSTINE FL 32084**

7. Name and Address of New Registered Agent

Name **Douglas A. Ferrell**

Street Address (P.O. Box Number is Not Acceptable)

205 W. King Street

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, 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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **FERRELL, DOUGLAS**
STREET ADDRESS **207 WEST KING STREET**
CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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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 exemption stated in Section 119.07(3)(i), 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]*

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

Date

Daytime Phone #

1/25/2005 *904-829-6650*