

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90146 039 \*\*\*\*\*55.00

**DOCUMENT # L04000056902**

1. Entity Name  
**KING 207, L.L.C.**



Principal Place of Business  
**205 WEST KING STREET  
ST. AUGUSTINE FL 32084**

Mailing Address  
**205 WEST KING STREET  
ST. AUGUSTINE FL 32084**



2. Principal Place of Business  
**207 W. King Street**

3. Mailing Address  
**209 W. King Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E083 (10/05)

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 A  
205 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)

**209 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, 2006**

## 9. MANAGING MEMBERS/MANAGERS

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Member/Manager  
Douglas A. Ferrell  
209 W. King Street  
St. Augustine, FL 32084** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Volunteer  
Ginger M. Ferrell  
209 W. King Street  
St. Augustine, FL 32084** ☐ Change ☒ Addition

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

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

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

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:**

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

02/08/2006 (904) 829-6650

Date

Daytime Phone #