

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063800

FILED  
Jul 07, 2005  
Secretary of State

Entity Name: KINGDOM ONE, LLC

**Current Principal Place of Business:**

2161 COUNTY ROAD 540A  
PO BOX 124  
LAKELAND, FL 33813

**New Principal Place of Business:**

**Current Mailing Address:**

2161 COUNTY ROAD 540A  
PO BOX 124  
LAKELAND, FL 33813

**New Mailing Address:**

FEI Number: 20-1546724      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

GARAS, MARIANNE  
5965 PIER PLACE DRIVE  
LAKELAND, FL 33813      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GARAS, MARIANNE  
Address: 2161 COUNTY ROAD 540A, #124  
City-St-Zip: LAKELAND, FL 33813

Title: MGMR ( ) Delete  
Name: GARAS, TAREK G  
Address: 2161 COUNTY ROAD 540A, #124  
City-St-Zip: LAKELAND, FL 33813

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MARIANNE GARAS

MRS.

07/07/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date