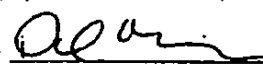


FILED
Apr 13, 2005 8:00 am
Secretary of State

02-10-2005 90191 042 ****50.00

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000064783			
1. Entity Name KINGSLEY III LLC			
Principal Place of Business 937 BIRDWOOD DRIVE ORANGE PARK, FL 32073		Mailing Address PO BOX 1672 ORANGE PARK, FL 32067	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-1640443		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent RAX CO. 50 NORTH LAURA STREET, SUITE 3300 JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 based on printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when releasing)			
Filing Fee is \$80.00 Due by May 1, 2008		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
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
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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 exemption stated in Section 119.07(3)(f), 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: 		02/04/05 908264-0845	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Day/Mo/Yr	