2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Apr 20, 2005 8:00 am Secretary of State DOCUMENT # L04000088128 1. Entity Name 04-07-2005 90090 005 ****50.00 4105 KINGS, LLC Principal Place of Business Mailing Address 1075 16TH AVENUE VERO BEACH FL 32960 1075 16TH AVENUE VERO BEACH FL 32960 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083. (10/04) City & State City & State Applied For Not Applicable Ζip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAMEL, GERALD E 1075 16TH AVENUE VERO BEACH FL 32960 Street Address (P.O. Box Number is Not Acceptable) 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. the obligations of registered agent. (NOTE Registered Agent's greature required when re-FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005. 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TITLE MGRM ☐ Detete TITLE ☐ Change ☐ Addition NAME HAMEL, GERALD E NAME STREET ADDRESS 1075 16TH AVENUE STREET ADDRESS CITY-ST-71P VERO BEACH FL 32960 CHY-ST-ZIP HILLE Octobe DILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition :WAE · HAME -STREET ADDRESS STREET ADDRESS CITY-\$1-71P CITY-ST-ZIP DILE" Delate DILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C11Y-S1-2IP CITY - ST - 71P TITL E ☐ Delete HILE Change ☐ Add±ion NAME STREET ACORESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TITLE ☐ Delete HILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CUY- ST- 7/P CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 cath; 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. 200 SIGNATURE:

NG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED