


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90033 049 \*\*\*\*50.00

<b>DOCUMENT # L05000008615</b> 1. Entity Name <b>KINGS HIGHWAY DEVELOPMENT, LLC</b>			
Principal Place of Business <b>903 SE CENTRAL PARKWAY STUART, FL 34994</b>		Mailing Address <b>903 SE CENTRAL PARKWAY STUART, FL 34994</b>	
2. Principal Place of Business - No P.O. Box # <b>18241 PERIGON WAY</b>		3. Mailing Address <b>18241 PERIGON WAY</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>JUPITER, FL</b>		City & State <b>JUPITER, FL</b>	
Zip <b>33458</b>		Zip <b>33458</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>34-2033757</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GOOGE, HOWARD E JR ESQ 401 E. OSCEOLA STREET STUART, FL 34994</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ANDERSON, DON 903 SE CTRL PKWY STUART, FL 34994</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>18241 PERIGON WAY JUPITER, FL 33458</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.			
<b>SIGNATURE:</b> _____		Date <b>4-23-07</b> Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			