

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY.1, 2008**

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90103 025 ***138.75

DOCUMENT # L05000008615

1. Entity Name

KINGS HIGHWAY DEVELOPMENT, LLC



Principal Place of Business

18241 PERIGON WAY
JUPITER FL 33458

Mailing Address

18241 PERIGON WAY
JUPITER FL 33458



2. Principal Place of Business - No P.O. Box #

340 S US Hwy 1

Suite, Apt. #, etc.

607

3. Mailing Address

340 S US Hwy 1

Suite, Apt. #, etc.

607

City & State

Jupiter FL

City & State

Jupiter FL

Zip

33477

Country

USA

Zip

33477

Country

USA

1st MOORE

CR2E083 (10/07)

4. FEI Number 34-2033757

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GOOGE, HOWARD E JR ESQ
401 E. OSCEOLA STREET
STUART FL 34994

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME ANDERSON, DON
STREET ADDRESS 18241 PERIGON WAY
CITY-ST-ZIP JUPITER FL 33458 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM
NAME Edward A. Sasso
STREET ADDRESS 340 S US Hwy 1 #607
CITY-ST-ZIP Jupiter, FL 33477 ☒ 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

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

Date

Daytime Phone #

2-22-08

561-262-1379