## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

## **DOCUMENT # L05000012046 FILED** 1. Entity Name STATE HWY 60/KINGS HWY LLC Aug 06, 2008 08:00 AM Secretary of State Principal Place of Business Mailing Address **516 COMMONS DRIVE 516 COMMONS DRIVE** PALM BEACH GARDENS, FL 33418 PALM BEACH GARDENS, FL 33418 07032008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For **NOT APPLICABLE** Not Applicable \$5.00 Additional 5. Certificate of Status Desired -Fee Required 6. Name and Address of Current Registered Agent VERARDO, DAVID DO NOT WRITE 516 COMMONS DRIVE PALM BEACH GARDENS, FL. 33418 IN THIS SPACE 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 aignature required when rein FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008 MANAGING MEMBERS/MANAGERS 9. MGR TITLE VERARDO, DAVID NAME STREET ADDRESS 516 COMMONS DRIVE PALM BEACH GARDENS, FL 33418 CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CHTY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP ·IIILE NAME STREET ADDRESS CITY-S1-ZIP\*3 4 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 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.

Devime Phone #