

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000017456

Entity Name: TOM KING ENTERPRISES, L.L.C.

FILED
Mar 23, 2007
Secretary of State

Current Principal Place of Business:

1329 DREW ST
12
CLEARWATER, FL 33755

New Principal Place of Business:

2441 MONDALE CT
HOLIDAY, FL 34691

Current Mailing Address:

1329 DREW ST
12
CLEARWATER, FL 33755

New Mailing Address:

2441 MONDALE CT
HOLIDAY, FL 34691

FEI Number: 20-2369505

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LESZCZYNSKI, TOMASZ
1329 DREW ST
12
CLEARWATER, FL 33755 US

Name and Address of New Registered Agent:

LESZCZYNSKI, TOMASZ
2441 MONDALE CT
HOLIDAY, FL 34691 US

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.

SIGNATURE:

03/23/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LESZCZYNSKI, TOMASZ
Address: 1329 DREW ST #12
City-St-Zip: CLEARWATER, FL 33755

Title: MGR () Delete
Name: ROGALA, KINGA
Address: 1329 DREW ST #12
City-St-Zip: CLEARWATER, FL 33755

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LESZCZYNSKI, TOMASZ
Address: 2441 MONDALE CT
City-St-Zip: HOLIDAY, FL 34691

Title: MGR (X) Change () Addition
Name: ROGALA, KINGA
Address: 2441 MONDALE CT
City-St-Zip: HOLIDAY, FL 34691

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TOMASZ LESZCZYNSKI

MGR

03/23/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date