

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/1

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-12-2006 90018 018 ****55.00

DOCUMENT # L05000038473

1. Entity Name
KINGSLEY VENTURES DEVELOPMENT CO., LLC



Principal Place of Business
**255 N LAKE AVENUE
LAKE BUTLER, FL 32054**

Mailing Address
**PO BOX 238
LAKE BUTLER, FL 32054**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01122006 Chg-LLC CR2E083 (11/05)

4. FEI Number

20-2710427

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBERTS, AVERY C
255 N LAKE AVENUE
LAKE BUTLER, FL 32054**

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 reinstating)

DATE

3-28-06

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MANAGING MEMBER** ☐ Delete
NAME **AVERY C. ROBERTS**
STREET ADDRESS **255 N LAKE AVE**
CITY- ST- ZIP **LAKE BUTLER, FL 32054**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY- ST- ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-28-06

Date

3864963507

Daytime Phone #