

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90349 040 \*\*\*\*55.00

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<b>DOCUMENT # L05000038473</b> 1. Entity Name <b>KINGSLEY VENTURES DEVELOPMENT CO., LLC</b>					
Principal Place of Business <b>255 N LAKE AVENUE LAKE BUTLER, FL 32054</b>			Mailing Address <b>PO BOX 238 LAKE BUTLER, FL 32054</b>		
2. Principal Place of Business - No P.O. Box # <b>12469 W SR 100</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Lake Butler FL</b>		City & State Suite, Apt. #, etc.		4. FEI Number <b>20-2710427</b>	
Zip <b>32054</b>		Country <b>US</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROBERTS, AVERY C 255 N LAKE AVENUE LAKE BUTLER, FL 32054</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>12469 W SR 100</b> City <b>Lake Butler</b> <b>FL</b> Zip Code <b>32054</b>		
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 <b>Avery C. Roberts</b> <span style="float: right;">4-12-07</span> <small>Signature typed or printed name of registered agent and used if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<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 ROBERTS, AVERY C 255 N LAKE AVE LAKE BUTLER, FL 32054</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>12469 W SR 100 Lake Butler FL 32054</b> <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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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	
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> <b>Avery C. Roberts</b>			<b>4-12-07</b> <b>386-496-3509</b> <small>Date Daytime Phone #</small>		