2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Feb 18, 2008 08:00 AN Secretary of State

DOCU	MENT	#1	0500	ነሰበ	473
しょくきんさいしょう	VICIVI	# L	ひいい	ハハハン	+/.)

1. Entity Name

KINGSLEY VENTURES DEVELOPMENT CO., LLC



Principal Place of Business

12469 W SR 100 LAKE BUTLER, FL 32054 Mailing Address PO BOX 238

LAKE BUTLER, FL 32054



01072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2710427

Applied For Not Applicable

5. Certificate of Status Desired

Ø

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, AVERY C 12469 W SR 100 LAKE BUTLER, FL 32054

DO NOT WRITE IN THIS SPACE

			*** 1	ING OF AGE	
8. The above the obligat	named entity submits this statement for the purpose of char tions of registered agent,	nging its registere	d office or registered agent, or both	, in the State of Florida. I am familiar with, and acce	ept :
SIGNATURE	Signature, typed or printed name of registered agent and title if apolicable.	(NOTE: Registered	Agent signature required when reinstating)	DATE	
FILE After May	E NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75			U00000831160 	ς
9.	MANAGING MEMBERS/MANAGERS				
TITLE	MGRM				
NAME	ROBERTS, AVERY C			•	
STREET ADDRESS CITY-ST-ZIP	12469 W SR 100				
	LAKE BUTLER, FL 32054		<i>'</i>		
TITLE				•	
NAME STREET ADDRESS					
CITY-ST-ZIP					
				•	
TITLE NAME				·	
STREET ADDRESS					
CITY-ST-ZIP			l DO	NOT WRITE	
TITLE			18.1		ł
NAME			IN I	HIS SPACE	
STREET ADDRESS					į
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

11. I hereby certify that the information supplied with this filling 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 of the receiver or further empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

2-14-0

Daytime Phone #