

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jun 27, 2006 8:00 am
Secretary of State

05-08-2006 90036 044 ****50.00

DOCUMENT # L05000039549					
1. Entity Name JF KING HOLDINGS, LLC					
Principal Place of Business 21 SEA MAIDEN PATH PALM COAST, FL 32164			Mailing Address 21 SEA MAIDEN PATH PALM COAST, FL 32164		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04262006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 76 08 315 22				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NIX, W. CHARLES 444 SEABREEZE BLVD. SUITE 800 DAYTONA BEACH, FL 32118			7. Name and Address of New Registered Agent Name Jason R. Hawkins Street Address (P.O. Box Number is Not Acceptable) 444 Seabreeze Boulevard Suite 800 City Daytona Beach FL Zip Code 32118		
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			DATE 4-26-06		
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 NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	P, S John Ferrado 21 Sea Maiden Path Palm Coast, FL 32164 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	V, T Damian King 21 Sea Maiden Path Palm Coast, FL 32164 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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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:			DATE 4/26/06 386-206-3279		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					