


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

3/3/2

FILED
Apr 10, 2006 8:00 am
Secretary of State

03-03-2006 90004 037 ****50.00

DOCUMENT # L05000045571			
1. Entity Name KING FARM-MYAKKA, LLC			
Principal Place of Business 347 WILLOW LANE ELLENTON, FL 34222		Mailing Address 347 WILLOW LANE ELLENTON, FL 34222	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KING, BENJAMIN E 347 WILLOW LANE ELLENTON, FL 34222		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 _____ DATE _____ <small>Signature: name or correct name of registered agent and date if applicable. (P.O.S.: Registered Agent signature required when not stating)</small>			
Filing Fee is \$80.00 Due by May 1, 2008		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Principal Benjamin E. King 347 Willow Lane Ellenton, FL 34222 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input 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 319, 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: <i>B. E. King</i>		Date: (941) 737-4797	
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	

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01182006 Chg-LLC CR2E083 (11/05)
 4. FEI Number 20-3025916 Applied For Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required