04/28/2006 09:58 3362947958 JOSEPH R LI

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May 08, 2006 8:00 am
Secretary of State
05-08-2006 90032 045 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000048786

1. Entity Name
KING BROTHERS FLORIDA, LLC

Principal Place of Business	Mailing Address
710 CHESTNUT HILL COURT GREENSBORO, NC 27455	710 CHESTNUT HILL COURT GREENSBORO, NC 27455

04282006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
P.O. Box 1718		P.O. Box 1718	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Dripping Springs, TX		City & State: Dripping Springs, TX	
Zip: 78620	Country: USA	Zip: 78620	Country: USA

4. FEI Number 20-3040891 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEWIS, HERBERT
939 MILLARD COURT WEST
JACKSONVILLE, FL 32225

7. Name and Address of New Registered Agent

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

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	MGRM KING, ERIC JEROME 710 CHESTNUT HILL COURT GREENSBORO, NC 27455	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM King, Eric Jerome P.O. Box 1718 Dripping Springs, TX 78620	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM KING, BYRON KEITH 806 ROBIN DRIVE POOLER, GA 31322	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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.

SIGNATURE: [signature] 5-4-06 512-203-5241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #