2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Feb 01, 2007
Secretary of State

DOCUMENT# L05000049574

Entity Name: KINGDOM MANAGEMENT GROUP, LLC

Current Principal Place of Business:

3050 ST. ANDREWS WAY
TALLAHASSEE, FL 32312

New Principal Place of Business:

515 NORTH BROAD STREET
THOMASVILLE, GA 31792

Current Mailing Address:

515 NORTH BROAD STREET
THOMSAVILLE, GA 31792

New Mailing Address:

FEI Number: 20-2859303 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WARREN, R. BRUCE
262 HIAMONEE DRIVE
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: LEWIS, CHARLIE E
Address: 515 NORTH BROAD STREET
City-St-Zip: THOAMSVILLE, GA 31792

Title: MGRM ( ) Delete
Name: LEWIS, ZACHARY S
Address: 515 NORTH BROAD STREET
City-St-Zip: THOMASVILLE, GA 31792

Title: MGRM ( ) Delete
Name: LEWIS, NICHOLAS J
Address: 515 NORTH BROAD STREET
City-St-Zip: THOMASVILLE, GA 31792

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHARLIE E. LEWIS MGA 02/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date