

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000049592

FILED  
Mar 23, 2006  
Secretary of State

Entity Name: KINGDOMLIFE DEVELOPMENT GROUP, LLC

## Current Principal Place of Business:

3653 CAGNEY DRIVE  
SUITE 203  
TALLAHASSEE, FL 32309

## New Principal Place of Business:

3050 ST ANDREWS WAY  
TALLAHASSEE, FL 32312

## Current Mailing Address:

3653 CAGNEY DRIVE  
SUITE 203  
TALLAHASSEE, FL 32309

## New Mailing Address:

515 NORTH BROAD STREET  
THOMSVILLE, GA 31792

FEI Number: 20-2858992

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: MGRM ( ) Delete  
Name: KINGDOM INSURANCE GR, OUP  
Address: 3653 CAGNEY DRIVE, SUITE 203  
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGR ( ) Delete  
Name: HUNTER DEVELOPMENT G, ROUP, LLC  
Address: 3653 CAGNEY DRIVE, SUITE 203  
City-St-Zip: TALLAHASSEE, FL 32309

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: KINGDOM INSURANCE GR, OUP  
Address: 3050 ST ANDREWS WAY  
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGR (X) Change ( ) Addition  
Name: HUNTER DEVELOPMENT G, ROUP, LLC  
Address: 515 NORTH BROAD STREET  
City-St-Zip: THOMSAVILLE, GA 31792

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: ZACHARY S. LEWIS

PRES

03/23/2006

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