

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000049592

FILED
Feb 01, 2007
Secretary of State

Entity Name: KINGDOMLIFE DEVELOPMENT 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
THOMSVILLE, GA 31792

New Mailing Address:

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: 3050 ST ANDREWS WAY
City-St-Zip: TALLAHASSEE, FL 32312

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KINGDOM INSURANCE GR, OUP
Address: 515 NORTH BROAD STREET
City-St-Zip: THOMASVILLE, GA 31792

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: R. BRUCE WARREN.

RA

02/01/2007

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