

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000057438

Entity Name: NEW KINGS ROAD, LLC

FILED  
Apr 13, 2009  
Secretary of State

## Current Principal Place of Business:

4315 PABLO OAKS COURT  
SUITE 1  
JACKSONVILLE, FL 32224

## New Principal Place of Business:

## Current Mailing Address:

4315 PABLO OAKS COURT  
SUITE 1  
JACKSONVILLE, FL 32224

## New Mailing Address:

FEI Number: 20-2988789

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SLG MANAGEMENT SERVICES, LLC  
4315 PABLO OAKS CRT STE 1  
JACKSONVILLE, FL 32224 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: CHMN ( ) Delete  
Name: STOKES, E. CHESTER JR  
Address: 4315 PABLO OAKS COURT, SUITE 1  
City-St-Zip: JACKSONVILLE, FL 322249667 US

Title: PRES ( ) Delete  
Name: SHEA, TIM W  
Address: 2251 SST. JOHNS BLUFF ROAD S. , SUITE 100  
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: VP ( ) Delete  
Name: SHEA, JOHN  
Address: 2407 MAYPORT RD  
City-St-Zip: ATLANTIC BEACH, FL 32233 US

Title: VP ( ) Delete  
Name: KUNKEL, JOHN C  
Address: 4315 PABLO OAKS COURT  
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: VPSE ( ) Delete  
Name: HOLM, MALLORY G  
Address: 4315 PABLO OAKS COURT  
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: VPTR ( ) Delete  
Name: FREDENHAGEN, SHARON W  
Address: 4315 PABLO OAKS COURT  
City-St-Zip: JACKSONVILLE, FL 32224 US

## 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:

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 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: MALLORY GAYLE HOLM

VPSE

04/13/2009

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