

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000057569

Entity Name: KING FAMILY ENTERPRISES, LLC

FILED  
Apr 22, 2006  
Secretary of State

**Current Principal Place of Business:**

2631-A NW 41ST STREET  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

**Current Mailing Address:**

2631-A NW 41ST STREET  
GAINESVILLE, FL 32606

**New Mailing Address:**

FEI Number: 20-3037568

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KING, WILLIAM D  
2631-A NW 41ST STREET  
GAINESVILLE, FL 32606 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: KING, WILLIAM D  
Address: 2631-A NW 41ST STREET  
City-St-Zip: GAINESVILLE, FL 32606

Title: MGRM ( ) Delete  
Name: KING, KYLE  
Address: 2631-A NW 41ST STREET  
City-St-Zip: GAINESVILLE, FL 32606

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: KING, WILLIAM D PRES  
Address: 2631-A NW 41ST STREET  
City-St-Zip: GAINESVILLE, FL 32606

Title: MGRM (X) Change ( ) Addition  
Name: KING, KYLE B SECR  
Address: 2631-A NW 41ST STREET  
City-St-Zip: GAINESVILLE, FL 32606

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: WILLIAM D. KING

MGR

04/22/2006

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