

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90103 026 ***138.75

DOCUMENT # L05000066452	
1. Entity Name KINGS HIGHWAY COMMERCE PARK, LLC	

Principal Place of Business 18241 PERIGON WAY JUPITER FL 33458	Mailing Address 18241 PERIGON WAY JUPITER FL 33458
--	--



2. Principal Place of Business - No P.O. Box # 340 S US Hwy 1		3. Mailing Address 340 S US Hwy 1	
Suite, Apt. #, etc. 607		Suite, Apt. #, etc. 607	
City & State Jupiter, FL		City & State Jupiter, FL	
Zip 33477	Country USA	Zip 33477	Country USA

1st MOORE CR2E083 (10/07)

4. FEI Number 81-0675220	Applied For ☐ Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent GOOGE, HOWARD E JR, ESO 401 E. OSCEOLA STREET STUART FL 34994		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
---	--	---	--

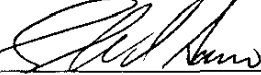
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDERSON, DON 18241 PERIGON WAY JUPITER FL 33458	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Edward A. Sasso 340 S US Hwy 1 #607 Jupiter, FL 33477	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  **2-22-08** **561-262-1379**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Digitized Page #