

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000078281

Entity Name: KINGDOM CENTER LLC

FILED
Apr 18, 2007
Secretary of State

Current Principal Place of Business:

613 SPARROW BRANCH CIRCLE
JACKSONVILLE, FL 32259 ST

New Principal Place of Business:

879 SCRUB JAY DR
ST AUGUSTINE, FL 32092 ST

Current Mailing Address:

613 SPARROW BRANCH CIRCLE
JACKSONVILLE, FL 32259 ST

New Mailing Address:

879 SCRUB JAY DR
ST AUGUSTINE, FL 32092 ST

FEI Number: 20-3275584

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERKINS, LYNN C MRS
613 SPARROW BRANCH CIR
JACKSONVILLE, FL 32259 ST US

Name and Address of New Registered Agent:

PERKINS, LYNN C MRS
879 SCRUB JAY DR
ST AUGUSTINE, FL 32092 ST US

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: LYNN C PERKINS

04/18/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PERKINS, DEAN F MR
Address: 613 SPARROW BRANCH CIR
City-St-Zip: JACKSONVILLE, FL 32259 ST

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PERKINS, DEAN F MR
Address: 879 SCRUB JAY DR
City-St-Zip: ST AUGUSTINE, FL 32092 ST

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: DEAN F PERKINS

MGRM

04/18/2007

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