

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000078281

Entity Name: KINGDOM CENTER LLC

FILED
Jan 07, 2008
Secretary of State

Current Principal Place of Business:

879 SCRUB JAY DR
ST AUGUSTINE, FL 32092 ST

New Principal Place of Business:

11701 SAN JOSE BLVD
21
JACKSONVILLE, FL 32223 US

Current Mailing Address:

879 SCRUB JAY DR
ST AUGUSTINE, FL 32092 ST

New Mailing Address:

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
879 SCRUB JAY DR
ST AUGUSTINE, FL 32092 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: PERKINS, DEAN F MR
Address: 879 SCRUB JAY DR
City-St-Zip: ST AUGUSTINE, FL 32092 ST

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: PERKINS, LYNN C MRS
Address: 879 SCRUB JAY DR
City-St-Zip: ST AUGUSTINE, FL 32092 US

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: LYNN C PERKINS

MGRM

01/07/2008

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