## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000106198

Entity Name: KINGDOM REALTY, LLC

FILED Feb 26, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

805 N PARSONS AVE BRANDON, FL 33510

Current Mailing Address: New Mailing Address:

805 N PARSONS AVE BRANDON, FL 33510

FEI Number: 20-4353154 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

GRAVES, MICHAEL D
6507 N. FIVE ACRE RD.
PLANT CITY, FL 33565 US
GRAVES, MICHAEL D
405 VINE KEEPER CT
SEFFNER, FL 33584 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: MICHAEL D GRAVES 02/26/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition

 Name:
 GRAVES, MICHAEL D
 Name:
 GRAVES, MICHAEL D

 Address:
 6507 N. FIVE ACRE RD
 Address:
 405 VINE KEEPER CT

 City-St-Zip:
 PLANT CITY, FL 33565
 City-St-Zip:
 SEFFNER, FL 33584

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition

 Name:
 GRAVES, MARSHA L
 Name:
 GRAVES, MARSHA L

 Address:
 6507 N FIVE ACRE RD
 Address:
 405 VINE KEEPER CT

 City-St-Zip:
 PLANT CITY, FL 33565
 City-St-Zip:
 SEFFNER, FL 33584

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: MICHAEL D GRAVES MGR 02/26/2008