## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000110361

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SARASOTA, FL 34231 US

BYRD, GARRETT A

2412 HIVELY STREET

SARASOTA, FL 34231 US

() Delete

MGRM

Entity Name: KING ART SQUARE, LLC

FILED Apr 28, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2412 HIVELY STREET SARASOTA, FL 34231 **Current Mailing Address: New Mailing Address:** 2412 HIVELY STREET SARASOTA, FL 34231 FEI Number: 20-3719861 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: ASHLEY, PETER BYRD, GARRETT A 2412 HIVELY ST. 804 SOUTH MACDILL AVE. TAMPA, FL 33609 SARASOTA, FL 34231 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: GARRETT BYRD 04/28/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete AHLEY, PETÈR J Name: Name: Address: 804 SOUTH MACDILL AVE Address: City-St-Zip: TAMPA, FL 33609 US City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition Name: WHITESIDES, JOHN W Name: Address: 1909 BUCCANEER DRIVE Address:

City-St-Zip:

() Change () Addition

Title:

Name:

Address:

City-St-Zip:

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: GARRETT BYRD MGRM 04/28/2007