

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90031 049 ****50.00

DOCUMENT # L05000111050

1. Entity Name
CIRCLE K DEVELOPERS, LLC



Principal Place of Business
**1825 NORTH YOUNG BLVD
CHIEFLAND, FL 32626**

Mailing Address
**1825 NORTH YOUNG BLVD
CHIEFLAND, FL 32626**

20029202



2. Principal Place of Business
1517 NORTH YOUNG BLVD
Suite, Apt. #, etc.

3. Mailing Address
1512 NORTH YOUNG BLVD
Suite, Apt. #, etc.

04052006 Chg-LLC CR2E083 (11/05)

City & State
CHIEFLAND FL
Zip
32626
Country
USA

City & State
CHIEFLAND FL
Zip
32626
Country

4. FEI Number
56-2547376
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BAYNARD, OWEN
1825 NORTH YOUNG BLVD
CHIEFLAND, FL 32626**

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 **Owen F. Baynard** DATE **4-7-06**
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BAYNARD, OWEN
POB 1535
CHIEFLAND, FL 32626** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LESTOCK, JAMES J
1644 SW SAINT JAMES CT.
LAKE CITY, FL 32025** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HARRINGTON, THOMAS
POB 1341
CHIEFLAND, FL 32644** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PENSCO TRUST COMPANY FBO JESSE LIPNICK
450 SANSOME ST. - 14TH FLOOR
SAN FRANCISCO, CA 94111** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SCHWARTZ, PHILIP
POB 90243
GAINESVILLE, FL 32607** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: **Owen F. Baynard** DATE **4-7-06** DAYTIME PHONE # **352-493-2676**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE