

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 28, 2006 8:00 am
Secretary of State

07-18-2006 90006 013 ****50.00

DOCUMENT # L05000120374						
1. Entity Name KINGS ACRES, LLC						
Principal Place of Business 137 S.E. GRAHAM STREET PORT CHARLOTTE, FL 33952			Mailing Address 137 S.E. GRAHAM STREET PORT CHARLOTTE, FL 33952			
2. Principal Place of Business			3. Mailing Address			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		Zip		
Country		Country		07122006 Chg-LLC CR2E083 (11/05)		
4. FEI Number 20-4063158				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired				<input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent SMITH, RAYMOND J 137 S.E. GRAHAM STREET PORT CHARLOTTE, FL 33952				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 _____ (NOTE: Registered Agent signature required when registering) DATE _____						
Filing Fee is \$50.00 Due by September 6, 2006				Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SMITH, RAYMOND J 137 S.E. GRAHAM STREET PORT CHARLOTTE, FL 33952		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____				7/12/06 8639930880		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>		