

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000122665

FILED  
May 15, 2007  
Secretary of State

Entity Name: KING FAMILY LLC

**Current Principal Place of Business:**

555 NE 34 STREET  
#2303  
MIAMI, FL 33137 US

**New Principal Place of Business:**

**Current Mailing Address:**

555 NE 34 STREET  
#2303  
MIAMI, FL 33137 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

KING, RUSSELL  
555 NE 34 STREET  
#2303  
MIAMI, FL 33137 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KING, RUSSELL  
Address: 555 NE 34 STREET, #2303  
City-St-Zip: MIAMI, FL 33137 US

Title: MGR ( ) Delete  
Name: KING, TAMARA  
Address: 244 MADISON AVENUE #11L  
City-St-Zip: NEW YORK, NY 10016 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: KING, TAMARA  
Address: 60 GRAMERCY PARK N., 8F  
City-St-Zip: NEW YORK, NY 10022 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: RUSSELL KING

MGR

05/15/2007

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