## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L06000015213

1. Entity Name



FILED Apr 25, 2007 8:00 am Secretary of State

04-25-2007 90045 043 \*\*\*\*50 00

NEW KINGS ROAD DEVELOPMENT LLC							04-23-2007	30043 O-	13 30	7.00
Principal Place of Business 1610 SOUTH 8TH STREET FERNANDINA BEACH, FL 32034 US  Mailing Address 1610 SOUTH 8TH STREET FERNANDINA BEACH, FL 32034  FERNANDINA BEACH, FL 3203				4 US		1 : <b>1 1 1 1 1 1</b> 1 1 1 1 1 1 1 1 1 1 1 1 1		R. <b>N.262</b> 1 (1 <b>.01) a</b> (1.	I <b>n</b> Ma <b>n</b> a Ri <b>ana</b> Mili	131 Efi 1 <b>121</b>
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				03092007	Chg-LLC	CR2E08	33 (12/06)	
City & State		City & State				4. FEI Numb	295601		-	plied For t Applicable
Zip	Country	Zip	Count	ry		11.00	e of Status Desired		\$5.00 Add ee Required	
	6. Name and Address of Current	Registered Agent		Name		7. Name and	d Address of New R	egistered A	gent	
										1
1610 SOU	DAVID F SR TH 8TH STREET DINA BEACH, FL 32034			Street A	ddress (I	2.O. Box Numb	per is Not Acceptable	e)		
1 21011110										
				City				FL	Zip Code	9
	named entity submits this statement for ions of registered agent.	r the purpose of changing its i	registere	d office or	register	ed agent, or b	oth, in the State of Flo	orida. Lam f	amiliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered	3 Agent signal	ne required	when reinstating)		DATE		
		1								
Fi D	iling Fee is \$50.00 ue by May 1, 2007							e check partme		•
9.	MANAGING MEMBE	RS/MANAGERS	10.				ADDITIONS	/CHANGES		
TITLE	MGRM	☐ Delete	TITLE						Change	☐ Addition
NAME	MILLER, DAVID F SR		NAME CTOE	E Et adoress						
STREET ADDRESS CITY-ST-ZIP	1610 SOUTH 8TH STREET FERNANDINA BEACH, FL 3203	4		-ST-ZIP						
TITLE		☐ Delete	TITLE		MGR	M			☐ Change	Addition
NAME		—	NAM	Ε	m: 16	Est, DAVI	o-f. JR			
STREET ADORESS				ET ADORESS		South &			-	
CITY+ST-ZIP			-	-ST-ZIP	Fen	-NON DIN	IN BENCH F	1 32634		
TITLE NAME		☐ Oclete	TITLE						Change	Addition
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CITY-ST-ZIP			ÇITY	-ST-ZIP						
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NAME			NAM							
STREET ADORESS CITY-ST-ZIP				et adoress -si-zip						
TITLE		☐ Delete	חתו						☐ Change	Addition
NAME		Delete	NAM							
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP						
TITLE		☐ Delete	TOTLE			<del>-</del>			☐ Change	Addition
NAME			NAM	E						
STREET ADDRESS				ET ADORESS -ST-ZIP	l					
CITY-ST-ZIP	certify that the information supplied with	this filling does not qualify for			nanialned	in Chapter 119	P Florida Statutes 1 t	urther certify	that the info	ormation
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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 llability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ON TYPED OR PRINTED HAVE OF SCHOOL HAMAGING HEADER, MANAGER OR AUTHORIZED REPRESENTATIVE 914-277-6727 Daysme Phone # Date