


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90122 038 ***138.75

DOCUMENT # L06000065278 1. Entity Name KINGS POINTE DEVELOPERS, L.L.C.	
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Principal Place of Business C/O JAMES GARDNER 5 MONTILLA PLACE PALM COAST, FL 32137	Mailing Address C/O JAMES GARDNER 5 MONTILLA PLACE PALM COAST, FL 32137
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60006287

2. Principal Place of Business - No P.O. Box # 35 Calle del Sur Suite, Apt. #, etc. c/o Judy Gibbs City & State Palm Coast, FL Zip 32137 Country USA	3. Mailing Address 35 Calle del Sur Suite, Apt. #, etc. c/o Judy Gibbs City & State Palm Coast, FL Zip 32137 Country USA
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01182008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5170157	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CHIUMENTO & ASSOCIATES, P.A. 4 OLD KINGS ROAD NORTH, SUITE B PALM COAST, FL 32137	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KINGS POINTE, LLC 5 MONTILLA PLACE PALM COAST, FL 32137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  2/4/08 386-445-8960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Thomas L. Gibbs, Manager