

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000069944 1. Entity Name KINGDOM OUTPOST FUNDING, LLC			
Principal Place of Business 500 S. FLORIDA AVE 340 LAKELAND, FL 33801		Mailing Address 500 S. FLORIDA AVE 340 LAKELAND, FL 33801 US	
2. Principal Place of Business - No P.O. Box # 439 S. Florida Ave Suite, Apt. #, etc. Suite 300 City & State Lakeland, FL Zip 33801		3. Mailing Address Same as place of business Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 20-5511992		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04252007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent EDWARD, ALLEN 500 S. FLORIDA AVE 340 LAKELAND, FL 33801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u><i>Edward Allen</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EDWARD, ALLEN 500 S FLORIDA AVE LAKELAND, FL 33801	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
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REINSTATEMENT			
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 606, Florida Statutes.			
SIGNATURE: <u><i>Edward Allen</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>5/1/07</u>	Daytime Phone # <u>813-633-1300</u>