




# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L06000083190</b> 1. Entity Name <b>OAKS AT OLD KINGS, LLC</b>				<b>FILED</b> <b>07 MAY 25 PM 1:15</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>4501 BEVERLY AVENUE JACKSONVILLE, FL 32210</b>		Mailing Address <b>4501 BEVERLY AVENUE JACKSONVILLE, FL 32210</b>			
2. Principal Place of Business - No P.O. Box # <b>5851 TIMUGUANA Rd</b> Suite, Apt. #, etc. <b>301</b> City & State <b>JACKSONVILLE FL</b> Zip <b>32210</b> Country <b>FLORIDA</b>		3. Mailing Address <b>5851 TIMUGUANA Rd</b> Suite, Apt. #, etc. <b>301</b> City & State <b>JACKSONVILLE FL</b> Zip <b>32210</b> Country <b>FLORIDA</b>			
				04202007 Chg-LLC CR2E083 (12/06)	
				4. FEL Number <b>20-5448609</b>	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ATLEE, KENYON S 4501 BEVERLY AVENUE JACKSONVILLE, FL 32210</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>5851 TIMUGUANA Rd</b> <b>STE 301</b> City <b>JACKSONVILLE</b> FL Zip Code <b>32210</b>		
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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	<b>KENDALE LAND DEVELOPMENT, INC</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>5851 TIMUGUANA Road, Ste 301</b>	
				<b>JACKSONVILLE, FL 32210</b>	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	<b>300103907523</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>06/05/07--01015--014 **550.00</b>	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <u><i>Ken S. Atlee</i></u> <b>KENYON S. ATLEE</b> 4-23-07 904-384-6964					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					