

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000083190

1. Entity Name
OAKS AT OLD KINGS, LLC



Principal Place of Business
5851 TIMUQUANA RD., #301
JACKSONVILLE, FL 32210

Mailing Address
5851 TIMUQUANA RD., #301
JACKSONVILLE, FL 32210

FILED

08 APR 25 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04162008No Chg-LLC

CR2E083 (12/07)

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4. FEI Number
20-5448609

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ATLEE, KENYON S
5851 TIMUQUANA RD., #301
JACKSONVILLE, FL 32210

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME KENDALE LAND DEVELOPMENT, INC.
STREET ADDRESS 5851 TIMUQUANA RD., #301
CITY-ST-ZIP JACKSONVILLE, FL 32210

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4/1/08

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:

Kenyon S. Atlee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Kenyon S. Atlee

Date

4/1/08

Daytime Phone #

904 384 6964