


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 11, 2008 8:00 am
Secretary of State

08-11-2008 90028 007 ***138.75

DOCUMENT # L06000093873	
1. Entity Name LYON KING, LLC	

Principal Place of Business 136 EAST DUVAL STREET, SUITE 101 LAKE CITY FL 32055	Mailing Address P.O. BOX 2726 LAKE CITY FL 32056
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2. Principal Place of Business - No P.O. Box # 136 E. DUVAL ST.	3. Mailing Address P.O. Box 2726
Suite, Apt. #, etc. SUITE 101	Suite, Apt. #, etc.

2nd MOORE CR2E083 (4/08)

City & State LAKE CITY	City & State LAKE CITY
Zip 32055 Country Columbia	Zip 32056 Country Columbia

4. FEI Number 20-5629020	Applied For <input type="checkbox"/> 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 MARTIN, JIM 136 EAST DUVAL STREET, SUITE 101 LAKE CITY FL 32055	7. Name and Address of New Registered Agent Name JIM MARTIN Street Address (P.O. Box Number is Not Acceptable) 136 E. DUVAL ST. SUITE 101 City LAKE CITY FL Zip Code 32056
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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 *Jim Martin* (NOTE: Registered Agent signature required when reinstating) DATE **8-04-08**

FILE NOW!!! FEE IS \$538.75
Make Check Payable to Florida Department of State
Due By September 3, 2008

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75 ☒

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LYONS, JIMMY P.O. BOX 2726 LAKE CITY FL 32056 <input checked="" 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	MGR MARTIN, JIM P.O. BOX 2726 LAKE CITY FL 32056 <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	MGRM RIHERD, TOM P.O. BOX 2726 LAKE CITY FL 32056 <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
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: *Jim Martin* **8-04-08 386-365-3666**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #