

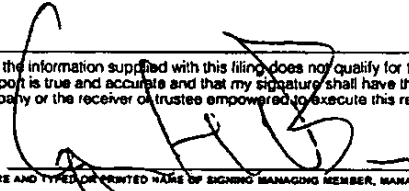
2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jun 18, 2008 8:00 am
Secretary of State

05-19-2008 90187 019 ***138.75

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DOCUMENT # L07000047972			
1. Entity Name KINGS GREENS DEVELOPMENT COMPANY, LLC			
Principal Place of Business 25 HOMESTEAD ROAD SUITE 5 LEHIGH ACRES, FL 33936		Mailing Address 25 HOMESTEAD ROAD SUITE 5 LEHIGH ACRES, FL 33936	
2. Principal Place of Business - No P.O. Box # 25 Homestead Road		3. Mailing Address 25 Homestead Road	
Suite, Apt. #, etc. Suite 11		Suite, Apt. #, etc. Suite 11	
City & State Lehigh Acres, FL		City & State Lehigh Acres, FL	
Zip 33936	Country USA	Zip 33936	Country USA
4. FEI Number 14-2002362		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent MORGAN, JOHN M- 8911 DANIELS PARKWAY SUITE 6 FORT MYERS, FL 33912		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reappointing) DATE _____			
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ANDRADE, ALFREDO C 745 MIRROR LAKES DR LEHIGH ACRES, FL 33936 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BOROSCH, EUGEN K 25 HOMESTEAD ROAD, SUITE 11 LEHIGH ACRES, FL 33936 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: 		5-15-08 368-6080	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	