


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		52 APR 30 AM 9:36	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000002591 KING WILLIAM SHORES DEVELOPMENT, L.C. 106 BENNING DRIVE, SUITE 9 P.O. BOX 183 DESTIN FL 32540		1a. Principal Place of Business Address 106 BENNING DRIVE, SUITE 9 P.O. BOX 183 DESTIN FL 32540			
2. Principal Place of Business 106 Benning Dr Suite # 9 Suite, Apt. #, etc.		2a. Mailing Address KWS Development LC Suite, Apt. #, etc. P.O. Box 183		3. Date Organized or Qualified 11/05/1998	
City & State Destin, Fla		City & State Destin, FL		4. FEI Number 59-3552431	
Zip 32541		Country OKalabosa		5. Date of Last Report N/A	
7. Name and Address of Current Registered Agent MCGILL, ROBERT E III 36008 EMERALD COAST PARKWAY, SUITE 3 DESTIN FL		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)</small>				DATE _____	
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	KING, JOHN A	4101 INDIAN BAYOU NORTH		DESTIN FL	
R000002865978--8 -05/06/99--01104--001 ****188.75 ****188.75					
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: _____ Timm Shores 3/10/99 850-837-4413					