

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90022 019 \*\*\*\*50.00

**DOCUMENT # L98000002591**

1. Entity Name

**KING WILLIAM SHORES DEVELOPMENT, L.C.**



Principal Place of Business

**130 S GERONIMO ST S  
STE 7  
DESTIN FL 32550**

Mailing Address

**PO BOX 6773  
DESTIN FL 32550**

2. Principal Place of Business

3. Mailing Address

**12815 Hwy 98 W.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 108**

City & State

City & State

**Destin FL**

Zip

Country

Zip

Country

**32550**

**USA**

4. FEI Number **59-3552431**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCGILL, ROBERT E III  
36008 EMERALD COAST PARKWAY, SUITE 301  
DESTIN FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

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
<b>MGRM KING, JOHN A 4101 INDIAN BAYOU NORTH DESTIN FL 32541</b>	<input type="checkbox"/>		<input type="checkbox"/>
<b>MGRM SHORES, TIMM 217 CALHOUN AVE. DESTIN FL 32541</b>	<input type="checkbox"/>		<input type="checkbox"/>
<b>MGRM WILLIAMS, DAVID 4120 INDIAN TRAIL DESTIN FL 32541</b>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

CR2E083 (10/02)

11. I 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 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**1/30/03 (850) 837-6777**