


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M0000000707

1. Entity Name
KING'S MANAGEMENT & LEASING, LLC



Principal Place of Business 1894 GEORGETOWN RD. HUDSON, OH 44236	Mailing Address 1894 GEORGETOWN RD. HUDSON, OH 44236
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DO NOT WRITE IN THIS SPACE

FILED

08 OCT -3 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09192008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 34-1909224	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KING'S MEDICAL GROUP 1894 GEORGETOWN RD. HUDSON, OH 44236
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09/30/08--01011--012 **538.75

REINSTATEMENT 2008

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: *Robert A. [Signature]* Date: 9/24/08 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #