

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M01000002279

1. Entity Name
KINGSTON VILLAGE, LLC



Principal Place of Business
1049 POWERS FERRY ROAD
MARIETTA, GA 30067

Mailing Address
1049 POWERS FERRY ROAD
MARIETTA, GA 30067

FILED

05 MAR 28 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02212005 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
58-2651332

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARACORP INCORPORATED
236 E. 6TH AVENUE
TALLAHASSEE, FL 32303

**DO NOT WRITE
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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LIPPMAN, DONALD
STREET ADDRESS	1049 POWERS FERRY ROAD
CITY - ST - ZIP	MARIETTA, GA 30067
TITLE	MGR
NAME	HICKS, MATTHEW W
STREET ADDRESS	1049 POWERS FERRY ROAD
CITY - ST - ZIP	MARIETTA, GA 30067
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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

3/21/05

Date

770-952-2750

Daytime Phone #