

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000003063

Entity Name: KING MARINERS VILLAGE LLC

FILED  
Jan 15, 2007  
Secretary of State

**Current Principal Place of Business:**

113 E. BONEFISH CIR.  
JUPITER, FL 33477

**New Principal Place of Business:**

**Current Mailing Address:**

113 E. BONEFISH CIR.  
JUPITER, FL 33477

**New Mailing Address:**

FEI Number: 30-0118823

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ANDERSON, TIMOTHY K  
675 W. INDIANTOWN RD., SUITE 103  
JUPITER, FL 33458 US

**Name and Address of New Registered Agent:**

ANDERSON, TIMOTHY K  
480 MAPLEWOOD DR  
SUITE 5  
JUPITER, FL 33458 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

01/15/2007

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BARANZANO, JOHN A  
Address: 113 E. BONEFISH CIR.  
City-St-Zip: JUPITER, FL 33477

Title: MGRM ( ) Delete  
Name: BARANZANO, JOSEPH F  
Address: 113 E. BONEFISH CIR.  
City-St-Zip: JUPITER, FL 33477

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: BARANZANO, JOSEPH F  
Address: 1208 HERON POINT WAY  
City-St-Zip: DELAND, FL 32724

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN A. BARANZANO

MGR

01/15/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date