


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 17, 2006 8:00 am**  
**Secretary of State**

07-17-2006 90044 016 \*\*\*\*55.00

<b>DOCUMENT # M04000004018</b> 1. Entity Name <b>KING HOLDINGS, L.L.C.</b>					
Principal Place of Business <b>639 N. DUPRE STREET NEW ORLEANS, LA 70119</b>			Mailing Address <b>639 N. DUPRE STREET NEW ORLEANS, LA 70119</b>		
2. Principal Place of Business		3. Mailing Address <b>P.O. Box 50236</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>New Orleans, LA.</b>			
Zip	Country	Zip <b>70150</b>	Country <b>USA</b>	4. FEI Number <b>72-1514235</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GEARY, CLAYTON C 727 S. CORTEZ STREET NEW ORLEANS, LA 70119	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GEARY, JAMES F 727 S. CORTEZ STREET NEW ORLEANS, LA 70119	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GEARY, CYRIL P III 639 N. DUPRE STREET NEW ORLEANS, LA 70119	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GEARY, JEFFERY L 639 N. DUPRE STREET NEW ORLEANS, LA 70119	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <u><i>Cyril P. Geary, III</i></u> <b>7/11/06</b> <b>(504) 486-9195</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

*Cyril P. Geary, III member*