

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # M04000004018	
1. Entity Name KING HOLDINGS, L.L.C.	
Principal Place of Business 639 N. DUPRE STREET NEW ORLEANS, LA 70119	Mailing Address PO BOX 50236 NEW ORLEANS, LA 70150



01042007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 72-1514235	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GEARY, CLAYTON C 727 S. CORTEZ STREET NEW ORLEANS, LA 70119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GEARY, JAMES F 727 S. CORTEZ STREET NEW ORLEANS, LA 70119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GEARY, CYRIL P III 639 N. DUPRE STREET NEW ORLEANS, LA 70119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GEARY, JEFFERY L 639 N. DUPRE STREET NEW ORLEANS, LA 70119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/23/07-80068-006 55.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

1/9/2007 (504) 486-9195