



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2008 8:00 am
Secretary of State

07-11-2008 90066 015 ***138.75

| | | | | | |
|--|---|--|--|---|--|
| DOCUMENT # M05000004444 1. Entity Name KINGREG IV, LLC | | | |  | |
| Principal Place of Business 17600 NEWHOPE STREET FOUNTAIN VALLEY, CA 92708 | | | Mailing Address 17600 NEWHOPE STREET FOUNTAIN VALLEY, CA 92708 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | 50008270  | |
| City & State | | City & State | | 07072008 Chg-LLC CR2E083 (12/06) | |
| Zip | | Country | | 4. FEI Number 20-0145512 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent VAN VORIS, JOHN I 201 N. FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 | | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM TSU, JOHN 17600 NEWHOPE STREET FOUNTAIN VALLEY, CA 92708 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM HOSOKAWA, KOICHI 17600 NEWHOPE STREET FOUNTAIN VALLEY, CA 92708 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM MAY, JOHN 17600 NEWHOPE STREET FOUNTAIN VALLEY, CA 92708 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM TU, JOHN 17600 NEWHOPE STREET FOUNTAIN VALLEY, CA 92708 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR Harris, Thomas P. 17600 Newhope Street Fountain Valley, CA 92708 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR Harris, Thomas P. 17600 Newhope Street Fountain Valley, CA 92708 | <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. | | | | | |
| SIGNATURE: <i>Thomas P. Harris</i> | | | | 7/7/08 714-438-1831 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | Date Daytime Phone # | |