2007 LIMITED-LIABILITY COMPANY ANNUAL REPORT (AR)

FILED DOCUMENT # M06000000258 Jan 26, 2007 08:00 AM 1. Entity Namo **Secretary of State** KINGREG V, LLC Principal Place of Business Mailing Address 17600 NEWHOPE STREET FOUNTAIN VALLEY CA 97208 17600 NEWHOPE STREET FOUNTAIN VALLEY CA 97208 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. -1st MOORE -CR2E083 (10/06) City & State Applied For City & State 4. FEI Number 86-1152007 Not Applicable Zip Country Zıp Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VAN VORIS, JOHN! Street Address (P.O. Box Number is Not Acceptable) 201 NORTH FRANKLIN STREET, SUITE 2200 **TAMPA FL 33602** Zip Code City FL 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, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required which reinstating) DATE FILE NOW!!! FEE IS \$50.00 * Make Check Payable to Florida Department of State-Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. BHE MGR Delete THE ☐ Change ☐ Addition NAMI NAMO U00000604660 01/30/07-80005-002 50.00 TU, JOHN STREET ADDRESS STREET ADDRESS 17600 NEWHOPE STREET CHY-SI-ZIP CHY-S1-7IP **FOUNTAIN VALLEY CA 97208** 11111 MGR ☐ Delete Change Addition NAME TSU, JOHN NAME STREET ADDRESS STREET ADDRESS 17600 NEWHOPE STREET CHY-ST-ZIP CHY-ST-ZIP **FOUNTAIN VALLEY CA 97208** шь ☐ Delete HILE Change Addillon NAME NAME HOSOKANA, KOICHI STREET ADDRESS STREET ADDRESS 17600 NEWHOPE STREET CHY-ST-7IP car-si-∄r **FOUNTAIN VALLEY CA 97208** THE ☐ Delete HILL Change Addition NAME MAY, JOHN STREET ADDRESS 17600 NEWHOPE STREET STREET ADDRESS CITY-ST-ZIP **FOUNTAIN VALLEY CA 97208** CHY-S1-7tP HIII. Addition Delete ШЦ Change NAME NAME STREET ADDRESS STREELADORESS CITY-ST-ZIP CHY-ST-7IP Delete HITE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS C11Y-S1-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos. I further certify that the information

SIGNATURE:

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

Date

indicated on this report is true and accurate and that my signature shall have the same logal effect as if made under eath; that I am a managing member or manager of the limited liability company or the ecciver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.