2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

| DOCUI 1. Entity Nam KINGREG | | 258 | S. Arab | | | 07-11-2008 90 | 0066 016 | ***138. | 75 |
|--|---|--|--|--|--------------------------|------------------------|--------------------------------------|-------------------------------------|--|
| Principal Place of Business Mailing Address 17600 NEWHOPE STREET 17600 NEWHOPE STREET | | | | | | | F004 | | ۸. |
| 17600 NEWHOPE STREET Fountain Valley, Ca 97208 | | FOUNTAIN VALLEY, CA 97208 | | | | | 5000 | 18269 | j |
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| 2. Principal P | lace of Business - No P.O. Box # | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 07072008 | Chg-LLC | CR2E083 | 3 (12/06) | |
| City & State | | City & State | | | 4. FEI Numbe 86-115 | | | | oplied For ot Applicable |
| Zip | Country | Zip | Country | , | | of Status Desired | | 5.00 Add | litional |
| | 6. Name and Address of Current I | Registered Agent | <u> </u> | | 7. Name and | Address of New Ro | | | |
| VANDAODI | 0.101111 | | | Name | | | | | |
| I VAN VORIS, JOHN I 201 NORTH FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | | | | | _ | | |
| | | | | City | | · | FL | Zip Codi | e |
| | named entity submits this statement for ions of registered agent. | the purpose of changing its | registered | office or reg | istered agent, or bo | h, in the State of Flo | rida. I am fai | miliar with, | and accept |
| SIGNATURE . | | | | | | | ··· | | |
| 1 | Signature, typed or printed name of registered agent a | nd title if applicable, (NOTI | E: Registered A | Qent signature rec | quired when reinstating) | | DATE | | |
| | Signature, typed or printed name of registered agent a E NOW!!! FEE IS \$138.75 by September 12, 2008 | In accordance with sliability company did | s. 607.193 | 3(2)(b), F.S. | the limited rotice. | | check pay Departmen | | 9 |
| | NOW!!! FEE IS \$138.75 | In accordance with sliability company did | s. 607.193 | 3(2)(b), F.S. | ., the limited | | e check pay Departmen | | 9 |
| 9. | NOW!!! FEE IS \$138.75 by September 12, 2008 MANAGING MEMBER | In accordance with sliability company did | s. 607.193 I not recei | 3(2)(b), F.S. | ., the limited | Florida | check pay Departmen | | e Addition |
| Due 9. | MANAGING MEMBER MGR TU, JOHN | In accordance with liability company did | s. 607.193 I not recei | 3(2)(b), F.S. ive the prior | ., the limited | Florida | check pay Departmen | nt of State | · |
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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: TOWN THE NAME OF SKINING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/7/08

714-438-1831

Daytime Phone #