


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90017 014 ****50.00

DOCUMENT # L04000083672
 1. Entity Name
KINGS HORIZON PLACE HOLDINGS, LLC



40038187



01132006 No Chg-LLC CR2E083 (11/05)

Principal Place of Business
 201 ALHAMBRA CIR.
 SUITE 601
 CORAL GABLES, FL 33134

Mailing Address
 201 ALHAMBRA CIR.
 SUITE 601
 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-3711930	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FIELDSTONE, RONALD R
 201 ALHAMBRA CIR.
 SUITE 601
 CORAL GABLES, FL 33134

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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, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FIELDSTONE, RONALD R 201 ALHAMBRA CIR. SUITE 601 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Lester, Paul A. 201 Alhambra Circle, Suite 601 Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Denberg, Michael B 201 Alhambra Circle, Suite 601 Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Lubeck, Joseph G. 201 Alhambra Circle, Suite 601 Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **Ronald R. Fieldstone** 2-01-06 (305)357-100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #