

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

03-23-2006 90260 032 ****50.00

DOCUMENT # L05000088405 1. Entity Name KINGSLEY DEVELOPMENT I, LLC						
Principal Place of Business 3155 N.W. 82ND AVENUE, SUITE 101 MIAMI, FL 33122			Mailing Address 3155 N.W. 82ND AVENUE, SUITE 101 MIAMI, FL 33122			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
4. FEI Number 41-2190604				Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent LEWIS, HAROLD L ONE BISCAYNE TOWER, SUITE 2400 2 SOUTH BISCAYNE BLVD. MIAMI, FL 33131			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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)						
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES		
TITLE	MGRM ☐ Delete			TITLE	☐ Change ☐ Addition	
NAME	HEWETT, DWIGHT			NAME		
STREET ADDRESS	3155 N.W. 82ND AVENUE, SUITE 101			STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33122			CITY - ST - ZIP		
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition	
NAME	MGRM			NAME		
STREET ADDRESS	JASON, DORAN			STREET ADDRESS		
CITY - ST - ZIP	3155 N.W. 82ND AVENUE, SUITE 101			CITY - ST - ZIP		
CITY - ST - ZIP	MIAMI, FL 33122			CITY - ST - ZIP		
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY - ST - ZIP				CITY - ST - ZIP		
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY - ST - ZIP				CITY - ST - ZIP		
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY - ST - ZIP				CITY - ST - ZIP		
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:				3/15/06 3055927606		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #		

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