

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L01000003804

1. Entity Name
KINGS MANDARIN REALTY, L.L.C.



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

Mailing Address
201 ALHAMBRA CIRCLE
SUITE 601
CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

FILED
2005 FEB -2 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01242005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-1085439

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME LUBECK, DANIEL E
STREET ADDRESS 201 ALHAMBRA CIRCLE, SUITE 601
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE MGR
NAME LOWE, SHELDON
STREET ADDRESS 201 ALHAMBRA CIRCLE, SUITE 601
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE MGR
NAME FIELDSTONE, RONALD R
STREET ADDRESS 201 ALHAMBRA CIRCLE, SUITE 601
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE MGR
NAME LESTER, PAUL A
STREET ADDRESS 201 ALHAMBRA CIRCLE, SUITE 601
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

300045890473
02/03/05--01004--023 **55.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 provided by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

Donald P. Fieldstone

01/25/05

305-357-1001