

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L01000003804</b> 1. Entity Name KINGS MANDARIN REALTY, L.L.C.	
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Principal Place of Business 201 ALHAMBRA CIRCLE SUITE 601 CORAL GABLES, FL 33134	Mailing Address 201 ALHAMBRA CIRCLE SUITE 601 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

DO NOT WRITE  
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 \_\_\_\_\_ (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	

DO NOT WRITE  
IN THIS SPACE

300045890473  
02/03/05--01004--023 \*\*\$5.00

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 required by Chapter 608, Florida Statutes.

SIGNATURE: Donald P. Fieldstone Date: 01/25/05 Daytime Phone #: 305-357-1001

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

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 <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required		