2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01,000003805

KINGS WOODGATE ASSOCIATES, 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

FILED May 02, 2005 08:00 AM Secretary of State



04282005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 52-2318573

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

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

SIGNATURE:

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of char tions of registered agent.	nging its registered	d office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	010		
	Signature, typed or primed name or registered agent and title if applicable.	(NUTE: Hegistered	Agent signature required when reinstating)	DATE
F D	iling Fee is \$50.00 ue by May 1, 2005	.,.		. · · · · · · · · · · · · · · · · · · ·
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY- ST-ZIP	MGR LUBECK, JOSEPH G 201 ALHAMBRA CIRCLE, STE 601 CORAL GABLES, FL 33135	***		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOWE, SHELDON 201 ALHAMBRA CIRCLE, STE 601 MIAMI, FL 33134			05/04/05-80018-012 50.00
TITLE NAME STREET ADDRESS COTY-ST-ZIP	MGR FIELDSTONE, RONALD R 201 ALHAMBRA CIRCLE, STE 601 CORAL GABLES, FL 33134		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-	··-·
TITLE NAME STREET ADDRESS	/			

11. I hereby certify that the information supplies 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 acquired and that my signature shall have the same legal effect as if made under cath; that I am a managing member or manager of the limited liability company or the receipters trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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