

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90455 007 ****50.00

DOCUMENT # L01000003928

1. Entity Name
KINGS WOODGATE PHASE II, 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**

24049994



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01262004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

Applied For

~~NOT APPLICABLE~~ **52-2318511**

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME LUBECK, JOSEPH G
STREET ADDRESS 201 ALHAMBRA CIR., STE 601
CITY-ST-ZIP CORAL GABLES, FL 33134 ☐ Delete

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

TITLE MGR
NAME LOWE, SHELDON
STREET ADDRESS 201 ALHAMBRA CIR., STE 601
CITY-ST-ZIP CORAL GABLES, FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGR
NAME FIELDSTONE, RONALD R
STREET ADDRESS 201 ALHAMBRA CIR., STE 601
CITY-ST-ZIP CORAL GABLES, FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

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

Ronald R. Fieldstone
Authorized Representative

Date

Daytime Phone #

4/07/04

305-357-1001