

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

04-21-2004 90456 024 \*\*\*50.00

**DOCUMENT # L01000015566**

1. Entity Name  
**KINGS ANDOVER PHASE II, LLC**



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

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

**24050038**



02062004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

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**

**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 \_\_\_\_\_  
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**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	LUBECK, DANIEL
STREET ADDRESS	201 ALHAMBRA CIR., STE 601
CITY - ST - ZIP	CORAL GABLES, FL 33134
TITLE	MGR
NAME	LUBECK, JOSEPH G
STREET ADDRESS	201 ALHAMBRA CIR., STE 601
CITY - ST - ZIP	CORAL GABLES, FL 33134
TITLE	MGR
NAME	FIELDSTONE, RONALD R
STREET ADDRESS	201 ALHAMBRA CIR., STE 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**

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:**   
**Ronald R. Fieldstone**  
**Authorized Representative** **4/07/04** **305-857-1001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #