


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 26, 2005 08:00 AM
Secretary of State**

DOCUMENT # L01000016799 1. Entity Name ADVENIR@KINGS, LLC	
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Principal Place of Business 10 WATERCHASE DR 1 EAST ROCKY HILL, CT 06067	Mailing Address 10 WATERCHASE DR 1 EAST ROCKY HILL, CT 06067
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01042005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1631915	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ROLLNICK, NEIL S 2601 SOUTH BAYSHORE DRIVE STE 1600 MIAMI, FL 33133

**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 _____
Signature, typed or printed name of registered agent and title if applicable

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

U000000332369
04/26/05-80055-012 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADVENIR, LLC - ATTN: STEPHEN L. VECCHITTO 10 WATERCHASE DR ROCKY HILL, CT 06067
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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)(f), 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, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____